



ACCREDITING BUREAU OF HEALTH EDUCATION SCHOOLS
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ABHES BULLETIN

To: ABHES-Accredited Institutions and Programs and Interested Parties
From: Ms. Florence Tate, Executive Director
Date: June 1, 2016
Subject: Proposed Revisions to ABHES Accreditation Manual – Call for Comment

The Accrediting Bureau of Health Education Schools (ABHES) regularly reviews its accreditation policies, procedures and standards and seeks your thoughtful input regarding the June 2016 proposed revisions to the *Accreditation Manual* provided below. Please note that the new language is underlined and the deleted language is ~~struck~~.

Therefore, ABHES is requesting that you carefully read the proposed revisions and submit any comments/recommendations using the following link:

<https://www.surveymonkey.com/r/June2016CallForComment>.

Upon receipt and review of any written comments, the Commission may adopt the revision as proposed, adopt the revision with further changes, defer action for additional consideration, or reject the proposed revision. For all adopted revisions, ABHES will establish an effective date and announce the revisions prior to that date.

Comments must be provided on or before, Friday, July 1, 2016, for Commission consideration this July.

Thank you in advance for your participation.

CHAPTER I – GENERAL INFORMATION

SECTION B – Policies Affecting Institutions and Programs

Subsection 5 – Complaints

ABHES reviews complaints against an accredited institution or program that relate to the accreditation requirements set forth in the *Accreditation Manual*. If a complaint raises a question of possible violation of these requirements, the institution or program will be given the opportunity to respond to the complaint. If a violation is found, ABHES will take enforcement action as necessary. The Commission maintains all records of complaint received against institutions or programs.

The complaint process against an accredited institution or program is as follows:

1. All complaints must be submitted in writing using the ABHES Complaint Form. This form is available from ABHES or at www.abhes.org. The written complaint and supporting documentation must be emailed to ~~Complaints Specialist, info@abhes.org~~, or mailed to ~~Complaints Specialist, 7777 Leesburg Pike, Suite 314 North Falls Church, Virginia 22043~~. Complaints must be in sufficient detail and clarity to permit the institution or program to respond effectively and to permit ABHES to make a determination of the facts relating to the complaint.
2. Complaints must be made within 90 days of the last event that is material to the complaint.
3. Within 15 ~~business~~ days of receipt of the complaint, ABHES will make an initial assessment whether the complaint states a possible violation of accreditation requirements. For the purposes only of this initial assessment of the complaint, ABHES will accept facts alleged in the complaint as true. A complaint must be in sufficient detail to permit the institution or program to respond effectively and to permit ABHES to make a determination of the facts relating to the complaint. A complaint that lacks sufficient detail will be dismissed and the complainant so notified. If the facts as alleged appear incomplete and it appears that further information is needed to assess the complaint, ABHES will so inform the complainant, who must then provide the information requested in order for ABHES to process the complaint further.
4. If the ~~facts as alleged~~ allegation(s) does not constitute a violation of accreditation requirements, ABHES will inform the complainant and the file will be closed. The complainant may request in writing, ~~directed as set forth in paragraph one above~~, that a decision to close the complaint at this stage be reviewed by the Executive Committee. The Executive Committee will consider such request within 30 ~~business~~ days and will either affirm the decision to close the complaint or reopen the case and direct the institution or program to respond. The complainant will be notified of this decision.
5. If the ~~facts as alleged~~ allegation(s) could potentially would constitute a violation of accreditation requirements ~~if found to be true~~, then ABHES will forward the complaint to the institution or program for response. In forwarding the complaint, ABHES will identify possible violations of accreditation requirements associated with the complaint. This list is to assist the institution or program in responding and is not to be taken as conclusive since in the course of the investigation it may be determined that there is evidence of noncompliance with other accreditation requirements not set forth in the list. The institution or program will be provided no more than has a maximum of 30 business days from the date of the ABHES letter ~~from ABHES~~ to respond to the complaint. The institution's or program's response must provide include sufficient documentation and/or evidence relevant to the complaint ~~sufficient to permit a clear analysis to be made~~. The response may, (a) deny the allegations of the complaint and present

evidence to the contrary, (b) ~~acknowledge admit the~~ allegations of the complaint ~~but seek to and~~ demonstrate ~~the notwithstanding~~ the allegation(s) ~~do not constitute there is no evidence of~~ violation of ~~an~~ the listed accreditation requirement(s), (c) ~~whether admitting or denying the allegations of the complaint,~~ accept the allegation(s) and document the actions taken to assure that the any potential violation has been corrected, ~~and to assure that violations do will~~ not occur in the future.

6. Within 15 ~~business~~ days of receipt of the response, ABHES will determine whether there is sufficient information upon which to determine whether it appears more likely than not that there is a violation of an accreditation requirement. ABHES may request additional information from either the complainant or respondent if it believes such information is necessary to the resolution of the case and will reevaluate the response after the institution or program has had an opportunity to submit such additional information.

7. If it appears more likely than not that there is no violation, ABHES will inform both the complainant and the respondent that the case has been closed. If it appears more likely than not that there may be a violation of an accreditation requirement and the institution or program has not provided documentation to demonstrate it has taken sufficient action, the case will be referred to the Executive Committee for action.

Within 30 days of receipt of a case, the Executive Committee will: (a) determine that there is no violation and dismiss the case, (b) request additional information, (c) order the institution or program to take specific actions to bring it into compliance, (d) issue a ~~show show~~-cause order, or (e) refer the case to the Commission for action up to and including withdrawal of accreditation.

~~If the Executive Committee dismisses the complaint notice of the decision of will be provided both the complainant and the respondent.~~ In all ~~other~~ cases the complainant and the respondent will be notified of the disposition of the case once it becomes final.

~~8. Complaints referred to the Commission for action will be handled pursuant to Sections C and D of Chapter 3 of the Accreditation Manual.~~

~~9.8.~~ ABHES's conflict of interest provisions apply to the investigation and resolution of complaints.

~~10.9.~~ Anonymous complaints: ABHES accepts anonymous complaints but will require the institution or program to respond only if in the absence of the identity of the complainant it can be determined that the allegations constitute facts if true as alleged indicate a possible violation of accreditation requirements. Complainants are cautioned that every complaint must be in sufficient detail to permit the institution or program to respond effectively and to permit ABHES to make a determination of the facts relating to the complaint. When the identity of the complainant is a material fact necessary to permit the institution or program a full and fair opportunity to respond or the lack of identity of the complainant makes it impossible to determine with reasonable certainty that a violation of accreditation requirements may have occurred, then the anonymity of the complainant may be a basis for dismissing a complaint. Notifications to complainants and requests to complainants for additional information otherwise set forth in this section are not applicable to anonymous complaints.

~~11.10.~~ Requests for complainant confidentiality: ABHES will consider requests from complainants that their identity be withheld from the institution or program named in the complaint. ABHES will in its discretion attempt to honor such requests but in no case can ABHES guarantee that the identity of a complainant will remain confidential after a written complaint is made to ABHES. If ABHES determines that it is more likely than not that an accreditation violation occurred if the allegations of the complaint are taken to be true and that the individual identity of the complainant is a material fact

necessary to determining whether a violation occurred or necessary to permit the respondent a fair and equitable opportunity to respond, then ABHES will reveal the identity of the complainant as necessary to resolve the case.

Complaints against ABHES: ABHES reviews complaints against ABHES in a timely, fair and equitable manner, and applies unbiased judgment to take follow-up action, as appropriate, based on the results of its review. The Commission maintains all records of complaint received against ABHES. The process for complaints against ABHES is as follows:

All complaints must be submitted in writing. The written complaint and supporting documentation must be emailed to ~~Complaints Specialist~~, info@abhes.org, or mailed to ~~Complaints Specialist~~, 7777 Leesburg Pike, Suite 314 North, Falls Church, Virginia 22043. The complaint must state in narrative format the specific allegations in sufficient detail and with sufficient supporting documentation to permit understanding of the nature of the complaint and its factual support. If the complaint pertains is in regards to the Complaints Specialist ABHES staff or any ABHES representative, the written complaint may be addressed to the Executive Director at either the email or direct mail address above. If the complaint pertains to the Executive Director, the written complaint must be addressed to the ABHES Commission.

2.1. ABHES's conflict of interest provisions apply to the investigation and resolution of complaints.

3.2. The complaint and its supporting documentation will be reviewed ~~by the Executive Committee~~ within 30 ~~business~~ days of receipt by ABHES. Thereafter, the ~~Committee reviewer(s)~~ will act to gather any additional information ~~it deems~~ relevant to ~~theirs~~ disposition of the complaint.

4.3. The ~~Executive Committee reviewer(s)~~ will issue a decision on the complaint. Notice of the decision will be provided to the complainant. ~~The Executive Committee will report its decision and any recommendations for follow up action to the Executive Director.~~

5.4. Anonymous complaints: When anonymous complaints are received, ABHES ~~accepts anonymous complaints against itself and~~ determines the facts alleged in ~~an anonymous~~ the complaint to the extent possible in the absence of the complainant's identity. When the identity of the complaint is a material fact necessary to permit a full and fair understanding of the facts, then the anonymity of the complainant may be a basis for dismissing a complaint. Notifications to complainants and requests to complainants for additional information otherwise set forth in this section are not applicable to anonymous complaints.

CHAPTER II ELIGIBILITY AND CLASSIFICATIONS

SECTION A - Eligibility for Application

Prior to consideration for accreditation, the Commission will determine preliminarily whether an institution or program meets the requirements for accreditation.

Subsection 1 – Basic requirements

a) Institutional Eligibility

In order for a postsecondary institution to apply for accreditation by the Commission and to remain accredited, it must meet the following minimum criteria:

- (1) It is (a) an institution in the private sector whose principal activity is education, (b) a hospital or laboratory-based training school, (c) a vocational training institution, or (d) a federally-sponsored training program.
- (2) It is an educational institution that offers programs predominantly in the health education field. An institution meets this requirement if (a) 70 percent or greater of its full-time equivalent students are enrolled in health programs, or (b) 70 percent of its active programs are in the health education field, provided that a majority of an institution's full-time equivalent students are enrolled in those programs. A program is active if it has a current student enrollment and is seeking to enroll students.
- (3) All of its programs are career focused and designed to lead to employment or advancement in career field.
- (4) It is located in the United States or its territories.
- (5) It is properly licensed, chartered or approved to provide education beyond the secondary level under the laws and regulations of the state(s) or territories in which it operates.
- (6) It must have been legally operating and continuously providing instruction as an institution for at least the prior two years.
- (7) It has enrollment in the program(s) to be included in the grant of accreditation to allow evaluation of student outcomes. (Does not apply to current-institutionally-accredited members).
- (8) It has at least one graduating class from at least one program(s) currently offered to determine the overall educational effectiveness of the program(s) of study offered.

b) Programmatic Eligibility

An organization offering a program in medical assisting, medical laboratory technology, or surgical technology education is eligible to apply for and be considered for programmatic accreditation if it meets the following criteria:

- (1) At the time of application and visit, It it has a minimum enrollment of five (5) students in the program to allow evaluation of student outcomes. (Does not apply to currently accredited programmatic schools or those institutionally-accredited members seeking initial programmatic accreditation).
- (2) It is (a) a public or private institution at the postsecondary level institutionally accredited by an agency recognized by the U.S. Department of Education or Council on Higher Education Accreditation (CHEA) whose principal activity is education, (b) a hospital or laboratory-based training school, or (c) a federally-sponsored training program.
- (3) Its program is career focused and designed to lead to employment.
- (4) It is located in the United States or its territories.
- (5) At the time of the visit, the program will have (or have had within the past twelve months) student participation in clinical experience activities, as applicable, to permit evaluation of program operations and of student progress, satisfaction, and retention. In addition, the program will have enrolled students who have completed at least 50% of the program, or at least 25% percent of the core coursework. (Note: Does not apply to those institutionally-accredited members seeking initial programmatic accreditation; however, an additional on-site evaluation may be required.)
- (6) The coursework required for graduation, including didactic instruction and externship, provides the following:
 - (a) **Medical Assisting**
 - attainment of entry-level competencies (see Program Requirements and Curriculum for Medical Assistants in Chapter VII), and consists of at least a 24-week full-time program of training.
 - (b) **Medical Laboratory Technology**
 - attainment of entry-level competencies (see Program Requirements and Curriculum for Medical Laboratory Technology in Chapter VII), and at least 60-semester credit hours, 90 quarter credit hours, or its recognized clock-hour equivalent (normally two academic years) of training.
 - (c) **Surgical Technology**
 - consistency with the current Core Curriculum for Surgical Technology, produced by the Association of Surgical Technologists (www.ast.org). Note: Currently accredited institutional members must adhere to the requirements for programmatic eligibility when adding a surgical technology program, which includes submission of the Application for Programmatic Accreditation.

CHAPTER III - GENERAL PROCEDURES (APPLIES TO INSTITUTIONS AND PROGRAMS)

SECTION A - Application, Evaluation, Approval Process and Recordkeeping

Each accredited institution and program undergoes a comprehensive evaluation in accordance with prescribed procedures. All new and continued grants of accreditation expire February 28 of the given year. Non-accredited institutions and programs must apply for accreditation in accordance with Subsection 1 below. The remaining subsections apply both to new applicants and to currently accredited institutions and programs.

The Commission provides public notice that an institution or program is being considered for accreditation. Third parties are provided the opportunity to comment on any institution's or program's qualification for accreditation. ~~third parties the opportunity to comment on any institution's or program's application for a renewed grant of accreditation by publishing a list of institutions and programs scheduled for evaluation, at least one year in advance of such evaluation.~~

Subsection 1 – Requests for information and ~~preliminary visits~~initial accreditation

Written materials concerning accreditation ~~criteria~~, policies, general ~~procedures, and~~ appeal procedures, standards, and the accreditation status of ABHES-accredited institutions and programs are maintained by the Commission and are available on its ~~Web site~~website and upon request.

Institutions desiring accreditation should ~~request information and necessary application instructions from ABHES~~view the application instructions posted at www.abhes.org. Once an institution or program is able to demonstrate that it meets the basic eligibility criteria (per Chapter II), it must complete the Application for Institutional or Programmatic Accreditation and submit it along with the other required documents outlined per the published instructions. The Application must be signed by an authorized institutional representative. ~~An interested institution communicates as necessary with ABHES staff to become sufficiently informed.~~ The institution or program must also remit payment of

~~Officials of the institution review accrediting documents and file a formal Application for Accreditation with the required application fee (per Appendix H, Fees) which. The application fee is non-refundable, and the application is valid for a period of two years from date of application. The chief executive officer of the institution must sign the application.~~

Upon acceptance of the application, the institution or program will be directed to attend an Accreditation Workshop and submit a Self-Evaluation Report.

A preliminary visit is conducted as a means of ensuring that an initial institutional applicant complies with all eligibility criteria and is in substantial compliance with the accreditation standards. It is also a time for the institution to address any questions or concerns with staff in a consultative manner.

~~an ABHES representative visits the applicant institution to discuss the accrediting philosophy, procedures, information/data requirements, and to evaluate the degree to which an institution currently complies with ABHES standards. A preliminary visit is mandatory for all new applicants for institutional accreditation.~~

~~Based upon the findings and conclusions of a Preliminary Visitation Report, one or more of the following actions will be taken:~~

- ~~a. — an institution is permitted to submit its Self-Evaluation Report in preparation for a full-team visitation;~~
- ~~b. — an institution is directed to supply additional information prior to the submission of its~~

Self-Evaluation Report; and/or

- e. ~~another preliminary visitation will be required prior to submission of the Self-Evaluation Report.~~

~~Should it be determined on the preliminary visit that an institution is not in substantial compliance with the accreditation standards, submission of the final Self-Evaluation Report will be postponed and the institution may be required to undergo a second preliminary visits; thus, delaying the accreditation process. If an institution is deemed not to be in substantial compliance unprepared to continue in the application process following a second preliminary visitation, the institution will not be permitted to continue in the accreditation process, and must then may not reapply after for a period of at least twelve months, at which time a new application must be submitted with the appropriate fees.~~

~~Upon successful completion of the preliminary visit, the initial institutional applicant will be directed to submit a final Self-Evaluation Report in preparation to undergo the on-site team visitation for review and consideration by the Commission at one of its biannual scheduled meetings.~~

~~Institutions seeking Initial programmatic applicants accreditation must follow the same application procedures as initial institutional applicants, with the following exception: programs offered at institutions holding institutional accreditation by an accrediting agency recognized by the U.S. Department of Education or the Council for Higher Education Accreditation will not be required to undergo a preliminary visit that a preliminary visit is optional and would not be predictive of whether the program is permitted to continue in the accreditation process.~~

~~The application for initial institution or programmatic accreditation is valid for a period of two years. Only the programs listed on the application, which are described in the Self-Evaluation Report and reviewed by the evaluation team, can be considered in the accreditation process.~~

~~If an institution makes changes to the content of its application, starts any new program(s), or makes any modifications to a program listed on its Application after the submission of the final Self-Evaluation Report, the accreditation process may will be delayed.~~

Subsection 2 – Self-Evaluation Report **and analysis**

The purpose of a Self-Evaluation Report is to:

- a. provide an institution or program an opportunity ~~to describe and~~ to evaluate its educational processes in rigorous detail;
- b. ~~allow an institution or program to take~~ describe how an institution or program demonstrates compliance with the standards of accreditation ~~necessary corrective action to improve its organizational efficiency and the quality of educational instructional services; and~~
- c. ~~ensure an institution or program is properly oriented and prepared for evaluation; and~~
- dc. provide ~~a visitation team evaluators~~ and the Commission with a ~~complete and accurate~~ comprehensive description of ~~all facets of~~ an institution's or program's operation.

~~To accomplish these purposes, instructions for completing a Self-Evaluation Report are supplied for the convenience and assistance of staff members and executives charged with the responsibility of coordinating preparation of a Self-Evaluation Report. Information provided in a The Self-Evaluation Report (narrative and exhibits) must be accurate, thorough, and fully documented, and submitted in English. All parts (narrative & exhibits) of the Self-Evaluation Report are to be submitted in English. A Self-Evaluation Report, as is required for an application, must be signed by the chief executive officer. Additionally, an institution must complete an Updated Information Report, which is provided by ABHES~~

~~prior to the evaluation visit, to identify any changes that may have occurred since the submission of the Self-Evaluation Report.~~

~~Once the Self-Evaluation Report is submitted no changes are permitted. After submission of the final Self-Evaluation Report, and prior to the evaluation visit, changes must be reported on the Updated Information Form.~~

A Self-Evaluation Report is a core component of the accreditation process. In preparing a Self-Evaluation Report, an applicant institution involves broad participation from all appropriate constituencies. This participation includes the chief executive officer, site administrator, program or education director(s), instructors, students, graduates, employers, consultants or advisors and other appropriate constituents in the local community, including advisory board members.

~~An institution must forward a Self-Evaluation Report as instructed to ABHES.~~ A Self-Evaluation Report is confidential, restricted primarily to commissioners, staff members, ~~consultants,~~ and ~~visitation team member~~ evaluators. The Commission may share the content of a self-evaluation document if required by law, if it is in the best interest of an institution and accrediting agency, or as a means of cooperation with another regulatory agency.

Failure to submit ~~the a complete~~ Self-Evaluation Report ~~by the due date in a timely manner will may~~ delay consideration of an institution's application for initial or renewed accreditation by the Commission.

Subsection 3 – Accreditation workshop attendance

A representative from each campus location seeking ~~a an institutional or programmatic initial, renewal~~ grant of accreditation, or inclusion of a non-main ~~and or~~ satellite campus is required to attend an accreditation workshop within 12-months of prior to submission of ~~the a~~ Self-Evaluation Report. ~~and an on-site team visit.~~ The individual(s) designated to attend the workshop is/are employed by the institution and directly involved in the accreditation and self-evaluation process, (e.g., school director, director of education, or program director).

In cases where the designated workshop attendee is no longer employed by the institution, an ~~second~~ individual with direct involvement must ~~be appointed to fulfill those responsibilities and~~ attend the accreditation workshop within 12-months of the position change and preferably prior to an institution undergoing an on-site team visit. ~~Failure to evidence attendance at an ABHES accreditation workshop will result in an incomplete Self-Evaluation Report and delay consideration of an institution's application for initial or renewed accreditation by the Commission.~~

Subsection 4 – Visitation-Evaluation teams

Upon receipt of a completed Self-Evaluation Report, ABHES staff:

- a. Selects an evaluation ~~visitation~~ team, ~~including a team leader~~. Institutions may challenge, with cause, a prospective team member prior to the site evaluation visit, ~~with cause~~.
- b. Instructs team members regarding their duties.
- c. Provides each team member with necessary ABHES visitation materials.

- d. Instructs the institution to provide its Self-Evaluation Report and Updated Information Form~~other data required~~ to ABHES and the visitation-evaluation team.
- e. Assists in travel logistics and secures hotel accommodations for the visitation-evaluation team.
- f. Orients the team as a group prior to the visit, or individually as required, concerning visitation procedures and reporting.
- g. Ensures the completion of the required~~Visitation Team Report report~~(s).

Visitation-Evaluation team members ~~have been deemed by ABHES to be~~ competent and knowledgeable individuals, qualified by education and experience in their field of evaluation, and trained by ABHES in its policies, procedures, and standards to conduct on-site evaluation visitations.

Visiting-Evaluation teams to institutions, ~~other than single purpose institutions,~~ must include at least one academic and one administrator. Visiting-Evaluation teams to programs or single-purpose institutions include ~~at least~~ one educator (an academic or administrator) and at least one practitioner ~~— those individuals selected from the particular specialty area they are evaluating.~~ Furthermore, an individual on a visitation evaluation team cannot be designated to fulfill more than one of the preceding designations, which are defined in the separate glossary section. Team members are not responsible for establishing policies nor do they make accreditation decisions.

Institutions delivering programs, or portions of programs, by distance education will have that delivery evaluated by a distance education specialist.

The Commission will conduct joint visitations and cooperate with other recognized accrediting agencies and government agencies as is practical and appropriate.

Subsection 5 – Post-visit procedures

A copy of the Visitation Team Report~~visit report~~ is sent to an institution or program within three weeks of a visit. The institution or program must submit its response is afforded, within not less than three weeks from the date ~~of on~~ the cover letter ~~to of~~ the written report. The response provides, an opportunity to comment and to submit any additional materials ~~it wishes to place before~~ the Commission ~~in response to the report.~~ The institution's response must be submitted electronically (~~e.g. stick drive, CD Rom~~).

The Preliminary Review Committee (PRC) ~~A committee of experienced evaluators, former commissioners, and other specialists known as the Preliminary Review Committee,~~ reviews all information relative to an application and makes recommendations to the Commission. The PRC is comprised of experienced evaluators, former commissioners, and specialists. ~~The Preliminary Review Committee~~ PRC meets several weeks prior to each Commission meeting to review the visitation report, the institution's response, and other materials related to the application. PRC analysis and recommendation are ~~ABHES then forwards all information forwarded~~ to the Commission, ~~together with the Committee's analysis of these materials and recommendation.~~

Subsection 6 – Commission review

~~The following are forwarded to the reviewing commissioners prior~~ Prior to a Commission meeting, Commissioners review: an institution's or program's Self-Evaluation Report; the Visitation Team Report~~evaluation team report~~; the response of the institution to the visiting-evaluation team's report;

Preliminary Review Committee's analysis and recommendation; and any other relevant information including that provided by the Secretary of Education, other agencies, or third parties. In order for an institution's or program's application to be considered, it must be complete and in full accordance with the established accrediting procedures, and all fees and visit expenses must be paid in full.

Commissioners meet to review, discuss, and act on each applicant, with a ~~primary~~-reviewer assigned to each institution's or program's application. The Commission may take any of the actions set forth under Section III.C. – Commission Actions. The Executive Director notifies ~~an~~-the institution or program in writing of the Commission's decision, normally within 30 days of the Commission's decision. The notice provides a detailed report of any finding of failure to demonstrate compliance with accreditation requirements and the basis for the action~~reason for such finding~~.

Subsection 7 – Teach-out requirements

(i) Teach-out Plans

1. The Commission will direct an institution or program that it accredits to submit a teach-out plan for approval upon the occurrence of any of the following events:
 - a. ABHES is notified by the Secretary that the Secretary has initiated an emergency action against an institution, in accordance with section 487(c) (1) (G) of the HEA, or an action to limit, suspend, or terminate an institution participating in any Title IV, HEA program, in accordance with section 487(c) (1) (F) of the HEA, and that a teach-out plan is required.
 - b. ABHES acts to withdraw the accreditation of the institution or program.
 - c. ABHES is notified by the agency that accredits an institution with a program that is programmatically accredited by ABHES that the agency has acted to withdraw, terminate or suspend the accreditation of the institution.
 - d. The institution notifies ABHES that it intends to cease operations entirely or close a location that provides one hundred percent of at least one program.
 - e. A state licensing or authorizing agency notifies ABHES that the institution's or program's license or legal authorization to provide an educational program has been or will be revoked.
2. The Commission may direct an institution or program to provide a teach-out plan in response to:
 - a. A show cause directive;
 - b. Low annual student retention rate that does not meet ABHES guidelines;
 - c. Low annual pass rate on required credentialing and/or licensing examinations that does not meet ABHES guidelines;
 - d. Low annual graduate placement rate that does not meet ABHES guidelines; or,
 - e. Any circumstances in which ABHES concludes that a teach-out plan is appropriate.

3. A teach-out plan must be submitted to ABHES for approval with the required *Teach-out Approval Form*. The approval form can be found at www.abhes.org/forms.

The teach-out plan must be consistent with applicable standards and regulations and provide for the equitable treatment of students. This includes, but is not limited to, evidence that:

- a. The teach-out institution is accredited by an institutional accrediting agency recognized by the United States Department of Education.
 - b. The teach-out institution is stable, carries out its mission and meets all obligations to existing students.
 - c. The teach-out institution has the necessary experience, resources and support services to provide educational program(s) that are of acceptable quality and reasonably similar in content, structure and scheduling to those provided by the institution or program that may cease operations either entirely or at one of its locations. This includes graduates' access to the same credentialing exams, as applicable.
 - d. Students are provided access to the program and services without requiring them to move or travel substantial distances.
 - e. Students will be treated equitably with regard to any charges or refunds; and, if tuition has been paid in full, that students receive the instruction promised at no additional charge.
 - f. Students will be provided with written notification regarding their rights and opportunities for teach-out, transfer and refunds.
5. The plan may propose that the teach-out of students be accomplished by the institution or program that may cease operations, either entirely or at one of its locations, or by another institution(s), so long as the requirements listed above are met.
 6. If ABHES approves a teach-out plan that includes a program accredited by another recognized accrediting agency, ABHES will notify that accrediting agency of its approval.

(ii.) Teach-Out Agreements

A teach out agreement is a legally binding contract between an institution or program that may terminate and another institution that provides for the education of students enrolled by the former. In its discretion, ABHES may direct an institution or program to provide a teach-out agreement as part of its submitted teach-out plan.

An institution that enters into a teach-out agreement with any other institution, either on its own or at the discretion or request of ABHES or any other agency or authority, must submit that teach-out agreement to ABHES for approval using the required *Teach-out Approval Form*. The approval form can be found at www.abhes.org/forms.

ABHES will approve the teach-out agreement only if the agreement is with an institution that is accredited by an institutional accrediting agency recognized by the United States Department of Education and only if the agreement provides for the equitable treatment of students by ensuring that each of the required elements of a teach-out plan listed above are met.

Subsection 8 – Interim reviews and visits

The Commission may request reexamination, documentation, or a written response to a Commission request or inquiry from an institution or program at any time it deems necessary. Announced and/or unannounced visits are conducted regularly to assess compliance with accreditation standards.

As a component of interim review, ABHES requires an annual report from each main, non-main, and satellite campus. ~~Institutional changes that must be reported to ABHES are outlined in Chapter III.~~ Each annual report is reviewed, summarized, and considered by the Annual Report Committee, and, as when necessary, considered by the Commission for subsequent action. Issues that require additional reporting, completion of an action plan, or Commission consideration include, but are not limited to, (i) retention, placement, or required credentialing rates falling below the minimum requirements of ABHES (see III.C), (ii) financial concerns (see IV.B.), (iii) student loan cohort default rates greater than 5% below the federal threshold, and (iv) enrollment growth of 50% or more from that reported the previous year.

~~Announced, interim and unannounced visits are conducted regularly as a means of assisting institutions and programs in continued compliance with ABHES requirements.~~

Subsection 9 – Recordkeeping

ABHES uses an electronic receipt and storage system for ~~much of~~ its accreditation activities. It retains indefinitely all electronic records of institutions and programs that it accredits. Institutions and programs are required to submit an electronic copy of materials to ABHES and, when directed, a hard copy identical to the electronic version. In the case of older, non-electronic documents, ABHES retains records of its presently accredited institutions and programs, including the following:

- a. ~~The~~ last two full accreditation reviews including all exhibits to self-evaluation reports, team visitation reports, institution or program responses to team visitation reports, periodic review reports, and any reports of special reviews conducted by ABHES between regular reviews, and
- b. All accrediting actions.

Subsection 10 – Maintaining accreditation

To remain in an accredited status with ABHES, institutions and programs must respond to Commission directives, including responses to visitation reports, payment of fees (see Appendix H - Fees) or visit expenses, and submission of documents, including the complete Annual Report, supporting documentation, and financial statements. Failure to respond to directives by deadline dates identified by the Commission will result in a late fee assessment and may result in a show-cause directive or withdrawal of accreditation.

Institutions accredited by ABHES must submit audited financial and other statements to the Commission within six months after the completion of their fiscal year or 30 days after an audit is released, whichever

is earlier. Audited statements must be prepared according to Generally Accepted Accounting Principles (GAAP) on an accrual basis.

Annually the Commission reviews an institution's profitability and net worth in order to meet its financial capability. Minimally, an institution must submit an audited financial statement that evidences one or more of the following: a ratio of current assets to current liabilities that is at least 1:1 for the most recent operating year; a history of operating surpluses for the most recent two years; a positive net worth for its most recent operating year (i.e., total assets which exceed the institution's total liabilities).

The Commission will examine both parent and subsidiary/division/program financial statements for compliance. Even if subsidiary or department can prove compliance on its own, the Commission will defer to parent company financial statements in all cases including where entities cannot provide separate financial statements.

The Commission requires a signed affidavit from the parent company to affirm that the program, department, and/or entity will be supported by that company if it cannot demonstrate compliance on its own accord.

Note that In addition, the Commission may require the submission of other financial information to clarify the financial status of an institution (e.g. a financial plan, financial reporting, response to a show cause, teach-out plan or any combination of these reports).

ABHES reviews key student achievement indicators set forth in the Annual Report of every accredited institution and program and the key fiscal indicators set forth in the annual financial statements of every accredited institution.

Failure to demonstrate at least 70 percent retention rate for each program, a 70 percent placement rate for each program, or a 70 percent pass rate on mandatory licensing and credentialing examinations using the formula provided by ABHES in the annual report, as well as meet the state mandated results for credentialing or licensure required for employment raises a question whether accreditation requirements are being met.

Failure to meet accreditation requirements will result, at a minimum, in the institution or program being required to demonstrate that ~~its~~ has effectively analyzed the situation and taken measures to correct the deficiency through creation of an action plan. Failure to demonstrate compliance with the key financial indicators set forth ~~in IV.B.above of the Accreditation Manual~~ will ~~require~~ result, at a minimum, ~~with the requirement~~ that the institution respond evidencing that it will meet its obligations to students and that it has a fiscally responsible plan to come into compliance with the ABHES financial requirements within a certain date ~~certain~~.

ABHES also reviews student population growth by program compared to the previous reporting year. Any increase in the population of any program greater than 50 percent from the prior year must be explained by means of an appendix to the annual report that addresses the impact of the growth on (1) availability of resources including class sizes, classrooms facilities, laboratories, faculty, student services, and clinical education experiences, (2) program retention, (3) graduate results on required licensing or credentialing, and (4) program placement in the subject field.

Any failure to meet the student achievement requirements or financial indicators, or to show an adverse impact on the institution's or program's ability to comply with accreditation standards due to extraordinary enrollment growth, may result in the institution or program being directed to show cause why the institution or program should not have its accreditation withdrawn.

SECTION B – Institutional Changes

Institutions and programs should be aware that review by ABHES may take several weeks; thus, timely notification is necessary so that changes are approved prior to implementation.

Subsection 1 - Changes requiring approval

The following changes must be submitted to ABHES for approval prior to implementation on the appropriate applications (www.abhes.org) for consideration by staff. The Commission may become involved in the consideration if necessary.

(* denotes a site visit required)

- i. *Change of location;
- ii. Change of name of controlling institution;
- iii. Addition of new program that does not represent a significant departure from the existing offering of educational programs or method of delivery (note: currently accredited institutional members must adhere to the requirements for initial programmatic eligibility when adding a surgical technology program, which includes the submission of the Application for Programmatic Accreditation);
- iv. Addition of courses or ~~short-term~~ programs not leading to an occupational objective, including Vocational English-as-a-Second Language (VESL) programs. These courses or ~~short-term~~ programs may be excluded from the scope of an institution's grant of accreditation, with the following limitations:
 - a. All advertising and publications (e.g. catalog) referencing ABHES accreditation clearly state that such excluded programs or courses are not included within an institution's grant of accreditation.
 - b. Courses are not being combined with other excluded courses to circumvent accreditation requirements and/or those of other governmental bodies.
 - ~~c. Vocational English as a Second Language program (VESL), must also meet the requirements of Appendix G (Vocational English as a Second Language).~~ABHES reserves the right to deny approval of any submissions when the coursework has been determined as occupational or vocational.
- v. *Change from non-main to main campus.
- vi. ABHES may require an onsite evaluation for programs which appear to have a significant impact on institutional operations, including mission; equipment; faculty; learning resources; facilities; and budget.
- vii. Business or activity conducted on the institution's campus, which is not included under the grant of accreditation. *Applies only to institutional accreditation.*

Subsection 2 -Approval of substantive change

~~(* denotes a site visit required)~~

An accredited institution or program must notify ABHES of every substantive change as defined by this section by completing the appropriate substantive change application.

~~No~~ Substantive change as defined by this section will not be included within an existing grant of accreditation to an institution or program until the effective date of approval of ~~that~~ the specific change by the ABHES Commission. The effective date of approval will not be retroactive, but rather will be the date of the letter from ABHES to the institution or program notifying it that the Commission has met and has acted to approve the substantive change. ~~As is set forth below, t~~he only exception to this policy is that ABHES may designate the date of a change in ownership as the effective date of its approval of ~~that the~~

substantive change if the Commission action is made within 30 days of the change in ownership.

~~The ABHES Substantive Change Committee acts on applications for substantive change that occur within a grant of accreditation. The committee will grant approval when it determines that the institution or program continues to meet all accreditation requirements. Approval will not be granted for any substantive change that adversely affects the capacity of the institution to continue to meet accreditation requirements. The ABHES Substantive Change Committee acts on applications for substantive change that occur within a grant of accreditation and grants approval for inclusion of the change into an existing grant of accreditation when it determines that the institution or program continues to meet all accreditation requirements.~~

In order for a substantive change to be considered for approval and inclusion in a grant of accreditation, ABHES requires submission of the appropriate application, required documentation, and fee. Visit www.abhes.org and link to “Applications.” Each application identifies the application requirements and fee.

Substantive changes that must be approved prior to inclusion in a grant of accreditation are the following:

(* denotes a site visit required)

- a. Change in the established mission or objectives of an institution or objectives of a program;
- b. *Change in legal status, ownership, or form of control;
- c. *The addition of courses or programs that represent a significant departure from the existing offerings of educational programs, or method of delivery, from those that were offered when ABHES last evaluated the institution (Note: currently accredited institutional members must adhere to the requirements for initial programmatic eligibility when adding a surgical technology program, which includes the submission of the Application for Programmatic Accreditation);
- d. *The addition of programs of study at a degree or credential level different from that which is included in the institution's current accreditation;
- e. A change from clock to credit hours;
- f. A substantial change in the number of clock or credit hours awarded for successful completion of a program.
- g. Execution of a contract under which another organization or institution not certified to participate in Title IV, HEA programs offers more than 25 percent of one or more educational programs;
- h. *The establishment of an additional location geographically apart from the main campus or approved non-main campus. This provision applies regardless of the classification of the additional location as a non-main, separate classroom or satellite campus.
- i. The acquisition of any other institution or any program or location of another institution.
- j. The addition of a permanent location at a site at which the institution is conducting a teach-out for students of another institution that has ceased operating before all students have completed their program of study.

Subsection 3 - Substantive changes that require a new comprehensive evaluation

The Commission will be apprised by the Executive Director of any institution or program that undergoes, and is approved for, three substantive changes within any twelve- month period.

The Commission will consider the need for a comprehensive evaluation (~~including a~~ Self-Evaluation Report, evaluation team visit, institution's or program's response to the evaluation team report, and any other specific information) ~~and Team Visit Report, and accreditation decision by the Commission~~ based upon the nature of the changes, their potential impact on the operation, and the extent to which accumulated changes have ~~so~~ transformed the institution or program that it has, in effect, ceased to operate under the conditions upon which the grant of accreditation was originally based.

Subsection 4 - Additional requirement regarding specific changes

~~Whether or not they constitute a Substantial Change and are also subject to the provisions set forth above in Sections III.B.2 or III.B.3, the following modifications in an institution's or program's academic offerings require observing the following procedures for reporting to the Commission:~~

A. Revised Program Application

~~The Application for Minor Program Revision or Application for Substantive Program Revision are required for: following modifications to a program require submission of an application for approval to ABHES. Institutions and programs should be aware that review by ABHES may take several weeks; thus, timely notification is necessary so that changes are approved prior to implementation.~~

- a. A revision of up to 25 percent of program content (total hours or courses) requires submission of an Application for Minor Program Revision.
- b. A modification to 26 to 50 percent of program content (total hours or courses) requires submission of an Application for Substantive Program Revision.

B. New Program Application

~~The Application for New Program Approval following modifications to a program is required prior submission of an Application for New Program Approval for:~~

- a. A modification from a currently approved program to a higher degree
- b. A modification of more than 50 percent of program content (total hours or courses)
- c. The addition of a new program, or reactivation of a discontinued program

~~An institution or program seeking approval for the first time to add a program resulting in a higher level credential than that approved must undergo a verification visit within six (6) months of program approval.~~

C. Notification

Notification to ABHES is required for:

- a. A negative action, including probation, placed upon an institution or program by a recognized accrediting agency, state licensure body, or federal regulatory agency.
- b. The discontinuation of a program(s) (defined as any program that has not been in operation for a continuous twelve-month period). Institutions and programs must submit notification when a program is discontinued. ~~Such a~~ Notification must be submitted on the ABHES Notice of Discontinuation of Program and/or Delivery Method Form found at www.abhes.org. ~~The Annual Report is not sufficient to address discontinued programs. Institutions or programs must also notify the Commission regarding the discontinuation of a previously approved delivery method (e.g., residential, blended, or full distance education).~~
- c. The discontinuation of a previously approved delivery method, i.e. residential, blended or full distance education (defined as any delivery method that has not been in operation for a continuous twelve-month period). Notification must be submitted on the ABHES

Notice of Discontinuation of Program and/or Delivery Method Form found at www.abhes.org.

ed. The Hiring or appointment of a new On-site Administrator or designated representative (e.g., Campus President, Director, Program Director). Notification must be submitted on the ABHES Change in Campus Leadership Form.

The Annual Report is not a means of notification and may not substitute for such notifications.

D. Addition or Expansion of Distance Education

ABHES defines distance education as a formal educational process ~~using technologies (as listed in the Glossary)~~ to deliver instruction to students who are separated from the instructor and ~~to support regular and substantive interaction between students and the instructor~~ and students, and among students. Correspondence education, ~~which is typically self-paced with limited interaction between the students and instructor,~~ is not within ABHES' scope of recognition and ~~is~~ therefore is not eligible for accreditation by ABHES.

~~Prior to the implementation or expansion of distance education,~~ The following applications must be submitted and approved, prior to the implementation or expansion of distance education, as indicated:

1. Application for Distance Education Delivery

- a. The initial ~~(first time)~~ addition of distance education to a currently accredited institution or an institution holding a grant of programmatic accreditation; ~~and,~~
- b. A significant change to ~~or departure from the format, method, delivery modality~~ or ~~third-party curriculum provider of distance education delivery~~ previously approved by ABHES ~~and utilized by the institution.~~ ~~(Note: A change in the Learning Management System need not be reported unless the change impacts the curriculum.)~~

2. Application for Expansion of Distance Education Delivery:

- a. An inclusion of laboratory-based courses delivered by distance education to a program currently approved for distance education delivery. Any expansion of the previously approved type of distance education courses offered (e.g. general education, elective, core courses, laboratory-based courses, or remote clinical/externship);
- b. The expansion of an approved blended program to ~~one that is fully delivered via~~ full distance education. (i.e. partially delivered via distance education to fully delivered via distance education); and,
- c. The expansion of distance education delivery courses to an existing program not currently approved for distance education.

3. Application for Shared ~~or Common~~ Distance Education Courses

The expansion of distance education delivery to an existing program(s), ~~utilizing shared~~ using courses from a ~~program~~ currently approved ~~for~~ distance education program (i.e. shared or common general education courses).

4. Addendum to New and Revised Program Applications

The addendum must be submitted for the expansion of distance education as part of a new or revised program application. If the program is the institution's first full distance education program or ~~includes a remote laboratory/externship laboratory-based courses delivered by distance education,~~ an Application for Distance Education Delivery or Application for Expansion of Distance Education Delivery is required.

The addendum is included as part of the Application for New Program Approval, Application for Substantive Program Revision and Application for Minor Program Revision. (ABHES reserves the right to request additional information or application, as necessary, to determine compliance with accreditation requirements regarding distance education delivery.)

For those institutions or programs applying for the first time to offer program(s) by distance education (not currently approved by ABHES to offer programs by distance delivery), an on-site verification visit will be conducted by a distance education specialist within six (6) months of ~~approval~~beginning the approved distance education instruction. The verification visit is used to ensure that the institution has the necessary resources in place to deliver distance education offerings effectively. A significant expansion to an institution's distance education offerings may require a remote or on-ground site visit by a distance education and program specialist.

It is the responsibility of an institution to ~~(1) make appropriate notification of program modifications to~~ local, state, and federal entities of program modifications, as necessary; and, (2) obtain. If a program must be approved by a state before it can be offered, an institution or program obtains any and all state authorization to offer ~~the method of delivery~~distance education, as applicable, prior to applying for Commission approval. Programmatic members will provide evidence of their institutional accreditor's approval for the delivery method. In cases where accrediting standards and state regulations differ, the more stringent of these apply. New or expanded distance education courses and programs may not be implemented or advertised until ABHES approval has been granted.

Subsection 5 – Addition of non-main or satellite campus

An institution must submit to ABHES an *Application for Non-Main Campus Inclusion* or an *Application for Satellite Campus Inclusion*, which includes a business plan for the addition of a non-main campus or satellite campus. This business plan will demonstrate that the institution has the administrative and financial ability to operate the non-main or satellite campus.

If the non-main campus will deliver any programs in a blended or full distance format, the institution must also complete the *Application for Distance Education Delivery*.

Upon receipt and review of these documents, ~~the Commission will action is taken to~~ approve, defer, or deny inclusion of the campus in an institution's current grant of accreditation. If inclusion is granted, the campus is required to undergo a staff verification visit within six (6) months of the date ~~students begin instruction~~begins. The results of the verification visit are made available to the Commission at its next meeting.

Following a verification visit, an institution is required to submit a Self-Evaluation Report, date to be determined by ABHES staff based on the expected date of the campus's first graduates. A full campus inclusion visit is conducted within 24 months of the approval of the campus inclusion. All information relative to an application, including the Self-Evaluation Report and the visitation report, will be considered by the Commission at its next scheduled meeting.

The Commission reserves the right to require an on-site evaluation to the main campus and the proposed non-main or satellite campus prior to the inclusion of the campus. An institution may not file more than one application for a non-main or satellite campus within a twelve-month period.

A newly accredited institution owned or operated by an individual(s) or organization that did not previously hold ABHES accreditation through another institution(s) may not file a non-main or satellite campus application until a 12-month period of initial accreditation has transpired.

If an owner with no prior accreditation history with ABHES acquires a main campus that is ABHES accredited, the school cannot apply for a non-main or satellite campus until a after a 12-month period of ownership has transpired.

A new non-main or satellite campus may be included within a main campus's grant of accreditation without the prior two-year operational period required of a new institution.

Subsection 6 – Separate classroom(s)

An institution or program must submit to ABHES an *Application for Separate Classroom Inclusion* for the addition of a separate classroom. A site visit to the separate classroom is conducted within six (6) months of inclusion.

~~An institution may not have more than one separate classroom assigned to any one campus (main or non-main) and no more than one per program for programmatically accredited members.~~ If more than one additional separate classroom (s) is/are necessary, documentation demonstrating need and administrative capabilities must be submitted to the Commission and approved prior to the submission of an application and use of the facility.

Subsection 7 – Change from non-main to main campus

A non-main campus may seek reclassification as a main campus by submitting to ABHES an *Application for Reclassification to a Main Campus* if it has been accredited for two years and is in good standing. Upon receipt and review of these documents and an onsite visit, the Commission will ~~action is taken to~~ approve, defer, or deny reclassification. Institutions seeking reclassification should be aware that reclassification might affect their eligibility to participate in federal student aid programs.

Subsection 8– Change of location

An institution or program must submit a completed application to ABHES of a change in location at least 15 days prior to moving. The Commission evaluates the information provided and conducts an on-site visitation to the new location within six (6) months of the date of relocation.

Subsection 9– Change in legal status, ownership or form of control

An institution or program must ~~advise~~ notify ABHES of any change in its organizational oversight or legal structure as it may constitute a change in legal status, ownership, or form of control, herein referred to as a change in control. Based upon this notification, ABHES will determine whether the change constitutes a change in control and is subject to further reporting.

A change in control includes, but is not limited to:

- a. Sale of an institution or the majority of its assets.

- b. Transfer of controlling interest of stock of an institution or its parent corporation.
- c. Merger of two or more eligible institutions.
- d. Division of one or more institutions into two or more institutions.
- e. Transfer of controlling interest to a parent corporation.
- f. Transfer of liabilities of an institution to its parent corporation.
- g. Change of 50 percent or more in Board members within a 12-month period.
- h. Change in status from profit to non-profit, or vice-versa.

The sale or transfer of ownership interest after the death or retirement of an owner of an institution to either a close family member or a current stock holder of the corporation may not be considered a change in ownership leading to a change in control, particularly where the recipient party of the stock has been actively involved in the prior operation of the institution. The Commission may determine that other transfers should also be excluded.

Sale of a non-main campus automatically suspends inclusion of that non-main campus within the grant of its main campus. A non-main campus is no longer accredited when it is sold separately from the institution from which it originally derived its accreditation.

Accreditation is not automatically transferable with a change in control; therefore, the institution's grant of accreditation is suspended on the date when a change in control occurs. A complete Application for Change in Ownership or Control ~~application for approval of the change in ownership/control~~ must be submitted to the Commission within 10 days of the close of the transaction.

Based on a completed application, the Substantive Change Committee of the Commission has the ability to approve the change of control. The date of a change in ownership is effective on the date of its approval by ABHES if the accreditation decision is made within 30 days after the change in ownership. If ABHES is unable to approve a change of ownership within 30 days of the effective date of the change, then the approval date will be the actual date of approval by ABHES. In any case, ABHES will not approve a change of ownership effective the date of the actual change if a complete application for approval of the change of ownership is not submitted to ABHES within 10 days after the date of the legal change of ownership. If a complete change of ownership is submitted within this time frame and if ABHES grants approval within 30 days of the legal change, then the date of approval is the change date and no hiatus in accreditation status occurs. Only the full Commission can defer or deny an application. An on-site visitation to an institution will be made within six (6) months after Commission approval of a change in control.

Institutions participating in Title IV programs are reminded of their responsibility to notify the U.S. Department of Education in writing of all such changes and that approval by ABHES in no way indicates approval by any other agency.

Subsection 10 – Change in method of academic measurement

An institution ~~or program~~ seeking to change its method of academic measurement must submit the ~~appropriate application~~ Application for Change in Academic Measurement prior to a change taking place.

~~A programmatic member must notify ABHES of change prior to a change taking place. The institution or program must adhere to the conversion methodology described in Chapter IV.G.2.~~

Subsection 11– Change of name

An institution or program must submit the ~~Application for Change in School Name~~ appropriate application at least 15 days prior to initiating the change.

SECTION C - Commission Actions

The Commission takes final action to grant accreditation, deny accreditation, or withdraw accreditation based upon a review of evidence relevant to compliance with the Commission’s policies and standards, including but not limited to:

- a. Self-Evaluation Report;
- b. Team ~~Visitation-Evaluation~~ Report(s);
- c. Institution’s Response to Team ~~Visitation-Evaluation~~ Report(s); and
- d. Program Outcomes.

Accreditation is granted based on a finding that the institution or program is in compliance. Continuous compliance thereafter is a requirement to maintain accreditation. The Commission may withdraw accreditation at any time if it determines that an institution or program is not complying with its policies or standards or determines that the retention, licensing, or employment rates fall below 70 percent or below the reported rate on an institution’s annual report. Alternatively, the Commission may in its discretion provide an opportunity for the institution or program to bring itself into compliance within a time period specified by the Commission. That time period will not exceed:

- a. Twelve months, if the longest program is less than one year in length.
- b. Eighteen months, if the longest program is at least one year, but less than two years in length.
- c. Two years, if the longest program is at least two years in length.

The Commission may, for good cause, extend the period for achieving compliance, defined as significant improvement by the institution in the deficient area(s) (e.g., finances, student outcomes rates) and/or the need for sufficient time to demonstrate full compliance (e.g., graduate licensure due to delay beyond the control of the institution, program, or student).

Subsection 1– Grants

A grant of accreditation may be an initial grant to a new applicant or a renewal grant to a currently accredited institution or program. The Commission issues a grant of accreditation when it determines that an applicant institution or program is in compliance. The length of the grant varies, but in no case may it exceed six (6) years. In the cases of initial grants of accreditation, only programs reported in the Self-Evaluation Report and evaluated on site by an ABHES ~~program-specialist~~ evaluation team will be included in the grant of accreditation letter.

An institution or program which has officers or management under indictment or which has charges pending against it by a local, state, accrediting or federal government agency for violations of law or any deviation from good ethical practice will not be accredited until cleared of all charges.

Subsection 2– Grant Subject-to

The Commission may grant an initial or renewed grant of accreditation subject to receipt of documentation needed to verify compliance with a standard or policy. If, upon review, the documentation submitted does not provide the needed verification, the matter will be referred to the Commission for its consideration at the next commission meeting.

Subsection 3– Deferrals

A deferral extends consideration of an institution's or program's application for an initial or renewal grant of accreditation. Typically, a deferral occurs when the Commission does not have sufficient information upon which to make a final accreditation decision. A deferral is not a negative action and is not appealable.

Subsection 4 – Program Specific Warning

The Commission may issue a program-specific warning if it has substantive questions and concerns regarding the institution's compliance with ABHES standards and procedures relative to specific program(s) offered by the institution.

Being placed on a program-specific warning will require the institution to demonstrate why approval of the specific program(s) should not be withdrawn.

The Commission will review and evaluate the institution's response to the notice of program-specific warning and make determination that may include: (a) vacating the program-specific warning status; (b) continuing and/or expanding the program-specific warning status; (c) limiting program enrollment; (d) suspending program approval from one or more programs which prohibits the institution from enrolling or starting new students in the program(s) until the institution meets the terms and conditions established by the Commission; and/or (e) withdrawing the program approval from one or more programs.

Subsection 35– Show causes

The Commission may require an institution or program to show cause why accreditation should not be withdrawn for failure to meet eligibility criteria, comply with procedures, or comply with accreditation standards. A show-cause directive constitutes notification to an institution or program that absent corrective action and information by and from the institution or program, its accreditation status will be in jeopardy. Such show-cause orders may be issued by the Executive Committee between Commission meetings and must specify the reasons for the action, the responsive information that is required from an institution or program, and the deadlines for response. An institution or program directed to show cause is provided an opportunity to ~~be appear present~~ at the next meeting of the Commission.

ABHES will not review, consider, or process substantive changes (*as defined in III.B.2. of the Accreditation Manual*) while the institution is under a show-cause directive, unless the institution demonstrates that the substantive change is likely to resolve the show-cause directive. An institution's or program's request for acceptance of the application must include justification for the change and its effect on the institution's or program's operation.

Subsection 46– Withdrawals

The Commission may withdraw accreditation from an institution or program when, in the Commission's judgment, withdrawal is warranted based on evidence of non-compliance with requirements ~~set forth~~ in the *Accreditation Manual* as follows:

- a. An institution or program fails to meet any of the ABHES eligibility criteria for institutional or programmatic accreditation.
- b. An institution or program fails to meet any procedural requirement.
- c. An institution or program fails to comply with any accreditation standard.

The Commission ~~may act to~~ ~~has no obligation to require an institution or program to show cause why its accreditation should not be withdrawn before acting to~~ withdraw accreditation without first issuing a show-cause directive.

An institution or program that has had its accreditation withdrawn may not re-apply for accreditation until a period of one year has elapsed since the Commission's action letter. An applicant institution or program will be treated procedurally and substantively as if it is a new applicant for accreditation. A withdrawal action is appealable to the Appeals Panel.

Prior approval is required from the ABHES Executive Committee for the acceptance of any substantive change application (~~see III.B.A., Reporting Substantive Change~~) from an institution or program under appeal is required. An institution's or program's request for acceptance of the application must include justification for the change and its effect on the institution's or program's operation.

Subsection ~~57~~- Denials

An institution's or program's application for an initial or renewal grant of accreditation will be denied if the Commission has provided ~~believes that~~ the institution or program ~~has had~~ the opportunity to demonstrate compliance with the eligibility criteria, procedural requirements, or accreditation standards but has failed in that task. ~~Any reapplication is subject to the provisions of III.B.10., Reapplication.~~

An institution or program denied accreditation may not re-apply for accreditation until a period of one year has elapsed since the Commission's decision and will be treated procedurally and substantively as if it is a new applicant for accreditation. A denial action is appealable to the Appeals Panel.

~~Prior approval from the ABHES Executive Committee for the acceptance of any substantive change application (see III.B.A., Reporting Substantive Change) from an institution or program under appeal is required. An institution's or program's request for acceptance of the application must include justification for the change and its effect on the institution's or program's operation.~~

Subsection ~~68~~- Relinquishments

An institution or program automatically relinquishes its accreditation, without a right of appeal, through any of the following actions:

- a. It loses its state approval to operate.
- b. The Commission receives, and formally accepts, written notification from the chief executive officer ~~authorized institutional representative~~ of the institution, or controlling entity for the program that it voluntarily relinquishes accreditation.
- c. It ceases operation.

SECTION D – Other Reviews, Notification, Publication and Reapplication

Subsection 1 – Regard for decisions of states and other accrediting agencies

ABHES will not accredit any institution or program that lacks legal authorization under applicable State law to provide a program of education beyond the secondary level.

~~Except as provide below, ABHES~~ The Commission reserves the right will not to grant initial accreditation or a renewed grant of accreditation ~~if to an institution or program if ABHES has a reasonable basis to believe that~~ the institution or the institution sponsoring a program is the subject of:

1. A pending or final action brought by a sState agency to suspend, revoke, withdraw, or terminate the institution's legal authority to provide postsecondary education or to provide one or more of the programs offered;
2. A decision by a recognized accrediting agency to deny accreditation;
3. A pending or final action brought by a recognized accrediting agency to suspend, revoke, withdraw, or terminate the institution's accreditation,
4. Probation or an equivalent status imposed by a recognized accrediting agency.

~~ABHES~~ The Commission will grant accreditation to an institution or program described in the paragraph above only if upon complete review of all relevant evidence ~~the Commission~~ ABHES concludes that the action by the other agency or body and the basis for that action does not preclude the institution or program from compliance with all ABHES accreditation criteria. If ~~the Commission~~ ABHES reaches this conclusion and grants accreditation to an institution or program described in the paragraph above, it will within 30 days of the action granting accreditation provide the Secretary of the United State Department of Education a thorough explanation of its conclusion.

Should ~~ABHES~~ the Commission grant accreditation to an institution or program subject to an adverse action by another body, ~~the Commission~~ ABHES will provide to the Secretary of the United States Department of Education, within 30 days of its action, a thorough and reasonable explanation, consistent with its standards, why the action of the other body does not preclude ABHES's grant of accreditation.

If ABHES learns that an institution or program that it accredits is the subject of an adverse action by another recognized accrediting agency, then ~~ABHES~~ the Commission will promptly review its accreditation of the institution or program to determine whether it should also take adverse action.

ABHES will share upon request from an appropriate recognized accrediting agency or recognized sState ~~approval~~ agency information about the accreditation status of and any adverse actions taken against an institution or program accredited by ABHES.

Institutions and programs applying for accreditation or currently accredited by ABHES must advise ABHES immediately of any adverse or potentially adverse action, including a show-cause directive or placement on probation, by another oversight agency, including a recognized accrediting agency or state licensing body.

Subsection 2– Notification of actions

ABHES provides notice of its accreditation decisions as follows:

- (a) ABHES provides written notice of the following types of decisions to the Secretary of the United States Department of Education, the appropriate sState licensing or authorizing agency, the appropriate accrediting agencies, and the public no later than 30 days after it makes the decision:
 - (i) A decision to award initial accreditation to an institution or program.
 - (ii) A decision to renew an institution's or program's accreditation.

(b) ABHES provides written notice of a final decision to deny or withdraw the accreditation of an institution or program to the Secretary of the United States Department of Education, the appropriate ~~S~~state licensing or authorizing agency, and the appropriate accrediting agencies at the same time ABHES notifies the institution or program of the decision, but no later than 30 days after it reaches the decision;

(c) ABHES provides written notice to the public of the decisions described in paragraph (b) of this section within 24 hours of its notice to the institution or program;

(d) For any decision described in paragraph (b) of this section, ABHES makes available to the Secretary, the appropriate ~~s~~State licensing or authorizing agency, and the public, no later than 60 days after the decision, a brief statement summarizing the reasons for the agency's decision and the *official* comments, if any, that the affected institution or program may ~~wish to~~ make with regard to that decision, or evidence that the affected institution has been offered the opportunity to provide official comment.

(e) ABHES notifies the Secretary of the United States Department of Education, the appropriate ~~S~~state licensing or authorizing agency, the appropriate accrediting agencies, and, upon request, the public if an accredited institution or program –

(i) ~~d~~Decides to withdraw voluntarily from accreditation, within 30 days of receiving notification from the institution or program that it is withdrawing voluntarily from accreditation; or

(ii) ~~allows~~~~Lets~~ its accreditation lapse, within 30 days of the date on which accreditation or preaccreditation lapses.

Notices to the public under this section are posted at www.abhes.org.

Subsection 3– Publication of accredited institutions and programs

ABHES posts on its ~~W~~website (www.abhes.org) the directory of accredited institutions and programs

Subsection 4 – Reapplication

An institution or program that has had its accreditation withdrawn, denied, or relinquished may not re-apply for accreditation until a period of one year has elapsed since the date of the action. An applicant institution or program will be treated procedurally and substantively as if it is a new applicant for accreditation.

Subsection 5 - Additional notices

ABHES submits to the Secretary of the United States Department of Education:

(a) A copy, updated annually, of its directory of accredited institutions and programs;

(b) ~~A~~~~a~~ summary of ABHES's major accrediting activities during the previous year (an annual data summary), if requested by the Secretary to carry out the Secretary's responsibilities;

(c) ~~Any~~~~any~~ proposed change in the agency's policies, procedures, or accreditation standards that might alter ABHES's

(i) ~~s~~Scope of recognition; or

(ii) ~~c~~Compliance with the criteria for recognition;

- (d) ~~The~~the name of any institution or program ABHES accredits that ABHES has reason to believe is failing to meet its Title IV, HEA program responsibilities, or is engaged in fraud or abuse, along with the ABHES's reasons for concern about the institution or program; and
- (e) ~~If~~if the Secretary requests, information that may bear upon an accredited institution's compliance with its Title IV, HEA program responsibilities, including the eligibility of the institution or program to participate in Title IV, HEA programs.

ABHES will consider on a case by case basis whether contacts with the Secretary pursuant to (d) or (e) above should remain confidential between the Secretary and ABHES or whether ~~the fact of~~ the contact should be made known to the institution or program in question. ABHES will comply with a specific request by the Secretary that ~~the fact~~ a contact and/or its content be held in confidence.

SECTION E – Appearances, Hearings, and Appeals

Subsection 1 – Program specific warning

If the Commission issues an order requiring an institution to justify why a program should be included in the institution's grant of accreditation under III.C., Commission Actions, the institution has the opportunity to respond to the notification in writing or in person at the next meeting of the Commission, which may be conducted by teleconference. The Commission describes in writing to an institution the terms and conditions of the submission of the response to the warning notification.

Should an institution wish to be present at the Commission meeting to justify why approval of the program should not be withdrawn, it must pay the required fee (see Appendix H, Fees) and be present before a panel of commissioners who make a recommendation to the full Commission.

Subsection 1-2 – Show cause orders

If the Commission issues an order requiring an institution or program to show cause ~~under III.C., Commission Actions~~, the institution or programs ~~has~~ the opportunity to respond to the show-cause ~~directive order~~ in writing or in person at the next meeting of the Commission, which may be conducted by teleconference. The Commission describes in writing to an institution or program, the terms and conditions of the submission of the response to the show-cause ~~directive order~~.

Should an institution or program wish to be present at the Commission meeting to show-cause why its grant of accreditation should not be withdrawn, it must pay the required fee (see Appendix H, Fees) and be present before a panel of commissioners who make a recommendation to the full Commission. ~~The hearing is recorded.~~

Subsection 2-3 – Appeals ~~to the appeals panel~~

Appeal of final decision to remove program approval

If an institution appeals a final decision by the Commission to remove program approval from a grant of accreditation in accordance with the procedures outlined, the institution's file becomes the responsibility of an Appeals Panel. The program remains accredited while the appeal is pending. An institution has the burden of demonstrating on appeal that the decision of the Commission was erroneous.

The Appeals Panel is separate and independent from the Commission and serves as an additional level of due process for the institution. The Appeals Panel has no authority concerning the reasonableness of policies, procedures, or accreditation standards. It can affirm, amend, reverse, or remand the prior decision of the Commission as set forth below.

Appeal of final decision to not grant or continue accreditation

If an institution or program appeals a final decision by the Commission not to grant or continue accreditation in accordance with the procedures outlined, the institution's file becomes the responsibility of an Appeals Panel. An institution or program remains in an accredited status while its appeal is pending. An institution or program has the burden of demonstrating on appeal that the decision of the Commission was erroneous.

The Appeals Panel is separate and independent from the Commission and serves as an additional level of due process for the institution. The Appeals Panel has no authority concerning the reasonableness of eligibility criteria, policies, procedures, or accreditation standards. It can affirm, amend, reverse, or remand the prior decision of the Commission as set forth below.

If the Commission takes action withdrawing accreditation or denying initial accreditation or re-accreditation, or withdraws the approval of a program in the grant of accreditation, the following steps will be taken:

a. Notification

The Commission will send to the institution or program, within 30 days following its action, its written findings and reasons forming the basis for its action. The Commission will notify the Secretary of Education and the relevant state licensing agency and other regulatory bodies of the action, as it is considered a final Commission action and is published publicly.

b. Request for Appeal, Appeal Fee, and Written Grounds for Appeal

An institution or program may appeal the action of the Commission by submitting within 10 calendar days of the date of the action letter (1) a written notice of intent to appeal to the Commission, and (2) the appeal fee plus an Appeal Hearing expense deposit (see Appendix H, *Fees*). Following receipt of the appeal request, ABHES will modify the language in the public notification of the negative action to indicate the Commission's final action is under appeal.

An institution or program must subsequently file a complete written statement of the grounds for its appeal based on the Commission's findings and reasons within 45 calendar days from the date of the Commission's written decision.

c. Appeals Panel Selection; Processing of the Appeal

For an appeal concerning removal of a program approval from an institution's grant of accreditation, the Appeals Panel consists of three members, at least one of which meets the criteria of a public member as set forth in section 4.6 of the bylaws. At least one member of the panel must meet the criteria of an administrator and one member must meet the criteria of an academician as set forth in section 4.5 of the bylaws.

For an appeal concerning institutional accreditation, the Appeal Panel consists of three members, one of which meets the criteria of a public member as set forth in section 4.6 of the bylaws. One member of the panel must meet the criteria of an administrator and one member must meet the criteria of an academician as set forth in section 4.5 of the bylaws.

For an appeal concerning programmatic accreditation, the Appeals Panel consists of four members, at

least one of which meets the criteria of a public member as set forth in section 4.6 of the bylaws. At least one member of the panel must meet the criteria of an administrator and one member must meet the criteria of an academician as set forth in section 4.5 of the bylaws. One member of the panel must meet the criteria of a practitioner as set forth in section 4.6 of the bylaws.

The executive director will submit a list of proposed Appeals Panel members, to the institution or program in advance. This list shall be drawn from a pool of candidates possessing knowledge of accreditation purposes and procedures and will be constituted to meet the panel composition requirements set forth above. The candidates cannot include any current member of the Commission and cannot have a conflict of interest as that term is described in Chapter I.A.4 of the *Accreditation Manual*.

An institution, within 10 calendar days of receipt of the proposed panel, may ask in writing that any person or persons be removed from the list on the basis of potential conflict of interest as defined by Chapter I.A.4 of the *Accreditation Manual*, which must be explained in sufficient detail in the written request to permit ABHES to evaluate the claim. Potential members will be removed from the list if there is a potential conflict and if necessary additional panel members will be proposed for review and comment by the appellant. The executive director will finalize the composition of the Appeals Panel, including designating the chairperson.

d. Logistical Procedures

Promptly after receipt of a written statement of grounds for appeal, the executive director will forward the file of materials to the members of the Appeals Panel. The file will include the institution's written grounds for appeal and the material upon which the Commission based its decision. The executive director will establish a date for the appeal at the earliest practical time.

e. Hearing of the Appeal

The Appeals Panel will meet at a time and place selected to permit an institution to make its appeal, allowing sufficient time for presentations, deliberations, and the forwarding of a report to the Commission.

An institution or program, at its option and expense, has the right to the presence of counsel or other representatives at the hearing. A court reporter and a transcript of the hearing proceedings will be provided. A copy of the transcript is available to the institution or program upon request.

f. Consideration and Decision of the Appeal

The consideration of the appeal will be based upon the Commission's written findings and reasons related to the action, the institution's or program's written response detailing grounds for appeal, and relevant supportive documents. The Appeals Panel has no authority regarding the reasonableness of the accreditation standards, policies, or procedures. Its role is to determine whether the Commission's action was not supported by the record or was clearly erroneous. The institution or program has the burden of demonstrating that the action of the Commission was not supported by the record or was otherwise erroneous.

In determining that a Commission decision was clearly erroneous, the Appeals Panel may not substitute its judgment for that of the Commission, but rather must give the decisions of the Commission due deference in recognition of the experience and qualifications of the Commission members and the responsibilities invested in the Commission by the bylaws and the *Accreditation Manual* of ABHES. A finding by the Appeals Panel that the Commission committed error is based on its conclusion that no reasonable authority or body would have reached decision under appeal when taking into account all the facts before it at the time of decision and in light of the requirements stated in the *Accreditation Manual* according to their plain meaning and consistent with the usual and common practices of the ABHES.

The Appeals Panel only considers whether the Commission's action was supported by the evidence that was before the Commission when it acted. The Panel has no authority to consider evidence of compliance that occurred after the date of the Commission action.

The appeal is not an opportunity to introduce evidence that could have been submitted prior to the Commission's action but was not. Ordinarily, the Appeals Panel may consider only evidence previously submitted to and considered by the Commission. However, the institution or program may request that the Panel consider evidence not previously considered by the Commission if it can demonstrate to the Appeals Panel that such new evidence concerns facts in existence at the time of the Commission's decision but which through no fault or omission of the institution or program were not available to the institution or program at the time of the Commission's decision. The request to introduce new evidence that was not before the Commission must be submitted not later than 14 days prior to the hearing date, must confirm that the evidence addresses facts in existence at the time of the Commission action and must include an explanation why this evidence was unavailable to the school previously and could not be presented for consideration at the time of Commission's action.

The Appeals Panel will decide whether to allow the request in accordance with the requirements set forth above and the institution or program will be advised of its decision prior to the hearing. If new evidence is submitted to the Appeals Panel and the Panel determines that such evidence shows or suggests that the Commission's decision should be reconsidered, or if the Appeals Panel otherwise determines that reconsideration is warranted, the Appeals Panel may remand the matter for further Commission consideration and action and must clearly identify in its report the acceptance of new information not previously considered by the Commission in its action.

g. Decision of the Appeals Panel

1. Affirm.

The Appeals Panel will affirm the decision of the Commission when it finds that the Commission's action was supported by the record before the Commission at the time of the decision and that its decision was not clearly erroneous. In determining whether the Commission's action was supported by the record, the Appeals Panel will interpret the requirements stated in the *Accreditation Manual* according to their plain meaning and consistent with the usual and common practices of the ABHES as evidenced by the manual requirements taken as a whole and in light of past practices of ABHES is applying the provisions of the manual. As is described in section "f" above, the institution or program has the burden of demonstrating that the action of the Commission was not supported by the record or was otherwise erroneous.

2. Remand.

The Appeals Panel will remand a decision to the Commission when it finds that the Commission failed to consider a material fact before it in reaching its decision or that the Commission should consider new evidence that may be submitted on appeal in accordance with paragraph "f" above and that had the Commission considered the material fact or the new evidence that it may have decided differently. In determining whether a fact is material and may if considered have caused the Commission to have reached a different result, the Appeal Panel will interpret the requirements stated in the *Accreditation Manual* according to their plain meaning and consistent with the usual and common practices of the ABHES as evidenced by the manual taken as a whole and by past practices. Accreditation standards place the burden of demonstrating compliance on party seeking to obtain or maintain accreditation. Therefore, the burden is on the appealing party to show that a material fact was actually before the Commission and that the Commission more likely than not failed to consider it in reaching an adverse decision. A remand is a direction that the Commission reconsider its action in light of all relevant facts, including the specific material fact that is the basis for the remand. On remand the appeals panel must identify specific issues that the Commission must address.

3. Amend.

The Appeals Panel will amend a decision of the Commission when is finds that the Commission's

decision was not supported by the facts before it at the time of the decision, that additional facts admissible in accordance with section “f” above make the Commission’s decision erroneous, or that the Commission’s decision was clearly erroneous. In determining whether the Commission committed error in applying the facts to the accreditation requirements, the Appeals Panel will interpret the requirements stated in the manual according to their plain meaning and consistent with the usual and common practices of the ABHES as evidenced by the manual taken as a whole and past practices. A decision to amend an adverse action will set forth the specific grounds for the decision and will direct the Commission to modify its decision in accordance with the specific direction of the Appeals Panel. The Appeals Panel may in its discretion amend a decision to deny accreditation by directing the Commission to grant accreditation while directing the Commission to consider the proper length of the grant consistent the direction of the panel, the practices of the Commission, or in accordance with other guidance from the Appeals Panel.

4. Reverse.

The Appeals Panel will reverse a decision of the Commission when it finds that the Commission’s decision was not supported by the facts before it at the time of the decision, that additional facts admissible in accordance with section “f” above make the Commission’s decision erroneous, the Commission’s decision was clearly erroneous. In determining whether the Commission committed error in applying the facts to the accreditation requirements, the Appeals Panel will interpret the requirements stated in the manual according to their plain meaning and consistent with the usual and common practices of the ABHES as evidenced by the manual taken as a whole and past practices. A decision to reverse an action of the Commission will state the specific basis for the decision to reverse. A decision to reverse a withdrawal of accreditation will direct the Commission to set aside its decision to withdraw and to reinstate the accreditation of the program or institution as it was before the withdrawal decision. A decision to reverse an action to deny accreditation directs the Commission to award a specific grant of accreditation for a term determined by the Appeal Panel.

h. Commission Receipt of Appeals Panel Decision

The written decision of Appeals Panel will be provided to the Commission within 15 calendar days of the hearing. The report will then be considered and acted upon by the Commission with due expediency.

i. Commission Implementation of Appeals Panel Decisions

The Commission will implement decisions of the Appeals Panel to affirm, amend, or reverse the prior Commission decision within 30 days of receipt of the written decision by the Appeal Panel. The Commission will implement a decision to remand within 90 days of receipt of the written decision by the Appeals Panel.

j. Notification

The Commission will provide the chief executive officer of the institution or controlling entity for the program with a written decision on the appeal and statement of specifics supporting that decision.

The Commission will notify the Secretary of Education and the relevant state licensing agency and other relevant regulatory bodies of the outcome of any appeal simultaneously with the issuance of its notice of the action.

Subsection 3 – Review of financial information prior to final adverse action

An institution or program may seek review of new financial information by the Commission prior to a final adverse decision if all of the following conditions are met:

- a. The financial information was unavailable to the institution or program until after the decision subject to appeal was made.

- b. The financial information is significant and bears materially on the financial deficiencies identified by the agency. The significance and materiality of information offered will be determined by the Commission using as its criteria the question whether the Commission would have been more likely than not to have reached a different decision on any of its prior findings had the information been available to it at the time of its decision.
- c. The only remaining deficiency cited by the Commission in support of a final adverse action decision was the institution's or program's failure to meet an ABHES standard pertaining to finances.

An institution or program may seek the review of new financial information described in this subsection only once and any determination by the Commission made with respect to that review does not provide a basis for an appeal.

CHAPTER IV

SECTION B – Financial Capability

IV.B.1. An institution demonstrates that it has the financial resources to ensure continuity of operation and to fulfill its obligations to students and employees.

The financial well-being of an institution requires regular oversight by management. The institution demonstrates~~There is demonstration that it has~~ revenues and assets ~~are~~ available to meet the institution's responsibilities, including continuity of service and the accomplishment of overall educational objectives. Institutions will submit audited financial statements. Factors to be considered include but are not limited to ratio of current assets to current liabilities for the most recent operating year; history of operating results; and net worth.

~~*IV.B.2. An institution demonstrates that it meets the minimum current ratio, profitability, and net worth requirements.*~~

~~Minimally, an institution's audited financial statements evidence the following:~~

- ~~a. A ratio of current assets to current liabilities that is at least 1:1 for the most recent operating year;~~
- ~~b. A history of operating surpluses for the most recent two years; and~~
- ~~c. A positive net worth for its most recent operating year (i.e., total assets which exceed the institution's total liabilities).~~

SECTION C – Administration (“Administrator”) and Management

The following requirements apply to the main and each non-main campus included within an institution's accreditation.

IV.C.1. The Administrator demonstrates effective management capability.

Each campus evidences that there is an on-site Administrator responsible for the management of operational effectiveness, adherence to the Standards of Accreditation and overall quality of curricular offerings.

The Administrator is:

- a. Responsible for the daily operation of an institution.
- b. Qualified to perform the duties of the position.
- c. Engaged in professional development activities annually that complements the operations of the institution.
- d. Implement policies and procedures in keeping with the mission and scope of the institution, accreditation standards, and other regulatory requirements.

~~The On-site administrators or designated representative employed by the institution and involved in the accreditation and self-evaluation process, (e.g. school director, director of education, program director) from each campus is required to attend an ABHES Accreditation Workshop. responsible for the daily operation of an institution are required to attend an ABHES Accreditation Workshop in compliance with Chapter III, Section A, Subsection 3.~~

SECTION G – Programs

IV.G.1. *Standard academic conversion methodology is applied in calculating and awarding academic credit. (**Please note that clock-hour programs do not fall under these requirements.)*

Institutions adhere to the following definitions and use the formula in calculating credit hours awarded on a course-by-course basis:

Semester - minimum of 15 weeks in length. One semester credit is equal to:

- a. one hour of lecture per week for a semester or the equivalent number of hours.
- b. two hours of lab per week for a semester or the equivalent number of hours.
- c. three hours of externship/clinical per week for a semester or the equivalent number of hours.

Quarter - minimum of 10 weeks in length. One-quarter credit is equal to:

- a. one hour of lecture per week for a quarter or the equivalent number of hours.
- b. two hours of lab per week for a quarter or the equivalent number of hours.
- c. three hours of externship/clinical per week for a quarter or the equivalent number of hours.

Continuous Term - a non-traditional term length, allowing enrollment at various points in the calendar year.

Programs offered on a block basis or continuous term may elect either the semester or quarter formula for determination of credit. The minimum conversion formulas are as follows:

Quarter	Semester
10	15 hours of lecture
20	30 hours of laboratory
30	45 hours of externship/clinical

Partial credits for a course are rounded to the next lowest half or whole number. A course may be comprised of any combination of lecture, laboratory and/or externship. A clock (or contact) hour is defined as a minimum of 50 minutes of supervised or directed instruction in any 60-minute period. Care is taken in scheduling breaks.

An example of the calculation is as follows:

Quarter system		Semester system	
6 hours lecture =	0.60	6 hours lecture =	0.40
25 hours lab =	1.25	25 hours lab =	0.83
70 hours externship =	2.30	70 hours externship =	1.55
Total =	4.15	Total =	2.78

Rounding occurs following the calculation of the lecture, laboratory and externship components resulting in a total of 4.0 quarter or 2.5 semester credits when rounded down to the next lowest half or whole number.

If a program offers both a distance education and a traditional campus-based component, the quality of the education and credit awarded is equivalent in all three aspects of the curriculum: didactic, laboratory, and clinical.

Institutions should be aware that federal requirements regarding the calculation of clock and credit hours, including minimum number of weeks per academic year required for Title IV purposes, may vary from ABHES requirements.

Definitions, conversions and calculations for recognition of outside (student preparation) hours are applied to programs which are terminal and not fully transferable.

Institutions and programs are expected to adhere at a minimum to the following formula for outside preparation hours on a course-by-course basis:

i.) Semester Credit Hours- 7.5 outside preparation hours for each credit hour of lecture/laboratory (outside preparation hours for clinical experiences will be reviewed and evaluated on a case-by-case basis. In general, however, clinical experiences may not require outside preparation hours. If outside hours are awarded, the institution or program must provide justification and the rationale for these hours).

ii.) Quarter Credit Hours- 5.0 outside preparation hours for each credit hour of lecture/laboratory (outside preparation hours for clinical experiences will be reviewed and evaluated on a case-by-case basis. In general, however, clinical experiences may not require outside preparation hours. If outside hours are awarded, the institution or program must provide justification and the rationale for these hours).

The institution or program may elect to include more outside preparation hours than the minimums listed above and these will be reviewed for their academic quality and rigor for the particular course.

iii.) Academic degree programs reflect programs that are academic in scope such as Academic Associate degrees, Baccalaureate degree, and Master's degree programs. As such, institutions should calculate outside work in the following manner: (a) For one (1) hour of classroom or direct faculty instruction, a minimum of two (2) hours of outside preparation; (b) For one (1) hour of laboratory work and other academic work leading to award of credit hours, a minimum of one (1) hour of outside preparation.

The institution may elect to include more outside hours than the minimums listed above and these will be reviewed for academic quality and rigor by course. The institution is also expected to justify outside preparation hours and substantiate how these hours are determined. Justification of the outside additional hours must be on file for on-site evaluation teams to review. Departures from these expectations may be permissible on an exception basis.

CHAPTER V

SECTION B – Curriculum, Competencies, Clinical Experience **(see Glossary for definition of clinical experiences)**

*V.B.4.a. External clinical experiences are available to serve the diverse needs of a program(s).
(for applicable programs)*

Prior to initial assignment of students to a clinical experience site, an individual employed by the institution who meets the minimum qualifications of a program faculty member is responsible to prepare a signed documented evaluation ensuring that a viable environment exists for an effective learning experience that provides an opportunity for students to demonstrate required competencies.

Students are provided assistance in seeking placement at an externship site; the responsibility for placing students rests with the institution or program.

A program administrator maintains current, signed clinical affiliation agreements for all active clinical experiences.

~~Program administrators ensure that clinical preceptors hold a current license, certification or other credential as required by local, state and/or federal laws to work in the field.~~

SECTION D – Student Assessment

Subsection 1 – Admissions

V.D.1. An institution adheres to its admission policies and enrolls only students who can reasonably be expected to benefit from the instruction.

An admissions process exists to screen and evaluate each applicant's credentials before an applicant is notified of acceptance or rejection. A personal interview may be arranged at the discretion of the institution.

Admission requirements clearly state the basis for admission, including testing, advanced standing, experiential learning requirements, and transfer of credit. Remedial courses and refresher courses are not considered for credit. When accepting students, reasonable assurances are made that applicant qualifications and background are compatible with institutional and curricular objectives to ensure the likelihood of student success.

Applicants are beyond the age of compulsory institution attendance in the state in which the institution is located and can be reasonably expected to benefit from the training offered by the institution. Institutions that accept non-high school graduates (ability-to-benefit students) into their programs must meet the additional requirements of Appendix A, Enrollment of Ability-to-Benefit (“ATB”) Students, with the exception of any program that is 300 clock hours or less.

The evidence of high school graduation or its equivalent is supplied to an institution within 30 days after the student's first class or lesson begins, and as permissible may be a signed attestation of graduation. The evidence or signed attestation of graduation must include the name of the high school attended, city, state, graduation year and that the high school or program was approved by the applicable governing or state authority. The institution has the responsibility of having a policy to verify the high school or program

was approved by the applicable governing or state authority. The information relative to ATB student admission is submitted prior to enrollment.

~~*Important Note: Students who do not have a high school diploma or a recognized equivalent or have not completed a secondary school education in a home school setting that is treated as a home school or private school under State law will no longer be eligible for Title IV federal student assistance if enrolled in a program of study on or after July 1, 2012. Students will qualify for Title IV under one of the ability-to-benefit alternatives if the student was enrolled in an eligible program prior to July 1, 2012.*~~

SECTION I – Program Effectiveness

Subsection 2 – Program Effectiveness Plan (PEP) content

V.I.2. A program has an established documented plan for assessing its effectiveness as defined by specific outcomes.

While each program must represent each element required below, the plan may be a comprehensive one which collectively represents all programs within the institution or may be individual plans for each distinct program.

The Program Effectiveness Plan clearly describes the following elements:

a. student population

A description of the characteristics of the student population is included in the Plan.

b. program objectives

Programs objectives are consistent with the field of study and the credential offered and include as an objective the comprehensive preparation of program graduates for work in the career field.

c. program retention rate

The retention rate for the previous two years and the current year is identified which is determined by using the ABHES required method of calculation for the reporting period July 1 through June 30. Based upon these rates, the institution must then identify its retention rate goal for the next reporting year and the factors considered in determining such a goal and the activities undertaken to meet the goal.

d. credentialing examination participation rate

The credentialing examination participation rate for the previous two years and the current year is identified which is determined by using the ABHES required method of calculation for the reporting period July 1 through June 30. Based upon these rates, the institution must then identify its credentialing participation rate goal for the next reporting year and the factors considered in determining such a goal and the activities undertaken to meet the goal.

e. credentialing examination pass rate

The credentialing examination pass rate for the previous two years and the current year is identified which is determined by using the ABHES required method of calculation for the reporting period July 1 through June 30. Based upon these rates, the institution must then identify its credentialing pass rate goal for the

next reporting year and the factors considered in determining such a goal and the activities undertaken to meet the goal.

f. job placement rate

The job placement rate for the previous two years and the current year is identified which is determined by using the ABHES required method of calculation for the reporting period July 1 through June 30. Based upon these rates, the institution must then identify its placement rate goal for the next reporting year and the factors considered in determining such a goal and the activities undertaken to meet the goal.

g. satisfaction surveys of students, clinical extern affiliates, graduates and employers

At a minimum, an annual review of results of the surveys is conducted, and results are shared with administration, faculty and advisory boards. Decisions and action plans are based upon review of the surveys, and any changes made are documented (e.g., meeting minutes, memoranda).

The institution establishes: 1) a goal for the percent of surveys returned and 2) ~~benchmarks a goal~~ for the level of satisfaction desired.

~~A program must establish satisfaction benchmarks for students, clinical extern affiliates, graduates, and employers. A benchmark is a point of reference by which constituency satisfaction can be assessed. The purpose of the benchmarks is to create a reference for satisfaction with the program's stated objectives and goals.~~

h. If program is offered in a blended or full distance education format, the PEP includes an assessment of the effectiveness of the instructional delivery method.

CHAPTER VI

DEGREE PROGRAM STANDARDS

SECTION B – Academic Associate Degrees

Subsection 2 – Faculty

VI.B.2. *Faculty consists of qualified individuals.*

~~All~~ instructors hold, at a minimum, a baccalaureate degree ~~with and~~ academic preparation in the specific courses being taught. Instructors ~~of general education~~ must have at least 15 semester credit hours or equivalent in the subject area ~~or demonstrates equivalent, relevant training or experience in the subject matter (applicable to new faculty hires or instructors teaching new general education subjects after January 1, 2012).~~

Additionally, instructors of occupational courses possess the following:

- a. graduation from a program in the field in which they teach accredited by an agency recognized by the U.S. Secretary of Education or the Council on Higher Education Accreditation; and
- b. a minimum of three years of occupational experience in the subject field or in a closely related field.

~~At least 50 percent of general education courses must be taught by faculty possessing a master's degree or higher. In all cases, the degree must be from an institution accredited by an agency recognized by the U.S. Secretary of Education or the Council on Higher Education Accreditation.~~

~~Exceptions to the baccalaureate degree requirement may be justified for instructors teaching technical or vocational subjects in fields in which baccalaureate degrees are not generally available. An institution must be able to justify the assignment of any instructor who does not hold a baccalaureate degree in the assigned teaching field.~~

~~At least 50 percent of courses offered in the degree program must be taught by faculty possessing a baccalaureate degree or higher. Further, at least 50 percent of general education courses must be taught by faculty possessing a master's degree or higher. In all cases, the degree must be from an institution accredited by an agency recognized by the U.S. Secretary of Education or the Council on Higher Education Accreditation.~~

CHAPTER VII – MA ~~PROGRAMMATIC~~ EVALUATION STANDARDS FOR MEDICAL ASSISTING

The Accrediting Bureau of Health Education Schools is recognized to accredit Medical Assistant programs ~~ing~~ programmatically. Institutions offering Medical Assistant programs and programs seeking or holding programmatic accreditation by ABHES must comply with the Accreditation Manual. With the exception of Chapter IV, Evaluation Standards Applicable to Institutionally Accredited Members, the program seeking or holding programmatic accreditation by ABHES must comply with remaining accreditation standards described throughout the Accreditation Manual, including Chapter V for all programs and Chapter VI for degree-granting programs, and all appendices. All programs must comply with Chapter V. In addition, degree-granting programs must comply with Chapter VI. This chapter contains additional specific requirements for a Medical ~~Assisting~~ Assistant program.

For purposes of this chapter, a Medical ~~Assisting~~ Assistant program includes any program using the words “medical assisting” or “medical assistant” or any other name or designation that is reasonably understood by professionals in the field, students, or the public to have the same meaning. ~~complies with these standards in the title.~~ This chapter is equally applicable to any educational program offered by the institution that intends to prepare graduates for employment based on the knowledge and skills set forth in this chapter.

DESCRIPTION OF THE PROFESSION

Medical assistants are multi-skilled health professionals who perform a wide range of roles in physician’s offices and other health care settings. ~~Duties may vary, depending upon location and size of the practice and the physician’s specialty, but medical assistants typically answer telephones, prepare patients~~ Medical assistants work under the supervision of a licensed medical professional, such as a physician, nurse practitioner, or physician assistant. ~~Duties may include preparing patients for examination;~~ assisting with examinations, various procedures, and treatments; performing tests; educating patients; updating and ~~file~~ managing patient medical records; ~~performing administrative tasks; and, entering orders through electronic health records, including prescriptions and diagnostic testing. fill out insurance forms, handle patient billing and bookkeeping tasks, telephone prescriptions to a pharmacy, schedule appointments, arrange hospital admissions, and purchase supplies and equipment. Medical assistants serve as liaisons to help patients navigate the health care system, advocate for themselves, and comply with orders.~~

~~Medical assistants may also take vital signs and medical histories, assist the physician or nurse during patient examinations, collect and prepare laboratory specimens or arrange for laboratory services, perform electrocardiograms, remove sutures, and change dressings.~~

Medical assistants are primarily employed in health care delivery settings, such as: physician’s ~~practices;~~ however, medical assistants ~~but~~ may also be employed in other settings, including by medical clinics, urgent care centers, accountable care organizations (i.e., patient centered medical homes or (PCMH) model), medical specialty clinics, insurance and billing agencies, organizations, or laboratories, and emergency rooms.

CREDENTIALING

Credentialing in medical assisting is required in some states to work in the field, is often required by employers, and is encouraged for graduates of ABHES-accredited programs. Programs are expected to prepare students for national credentialing examinations that are available in this field of study.

SECTION A –Curriculum, Competencies and Externship

MA.A.1. *The depth and breadth of the program’s curriculum enables graduates to acquire the knowledge and competencies necessary to become an entry-level professional in the Medical Assisting field.*

Competencies required for successful completion of the program are delineated, and the curriculum ensures achievement of these entry-level competencies through mastery of coursework and skill achievement. Focus is placed on credentialing requirements and opportunities to obtain employment and to increase employability.

To provide for attainment of entry-level competencies, the program curriculum must include, but is not ~~necessarily be~~ limited to the following:

1. General Orientation

~~An introduction and review of the program curricular component includes:~~

- ~~a. Employment conditions~~
- ~~b. The allied health professions~~
- ~~c. Credentialing of the medical assistant~~
- ~~d. General responsibilities of the medical assistant~~

Graduates will be able to:

- a. Describe the current employment outlook for the medical assistant
- b. Compare and contrast the allied health professions and understand their relation to medical assisting
- c. Describe and comprehend medical assistant credentialing requirements, ~~and~~ the process to obtain the credential and ~~comprehend~~ the importance of credentialing
- d. List the general responsibilities and ~~&~~ skills of the medical assistant

2. Anatomy and Physiology

- ~~a. Structure and function~~
- ~~b. Body systems~~
- ~~c. Common diseases, diagnoses, and treatments~~
- ~~d. Diet and nutrition~~

Graduates will be able to:

- a. List all body systems and; their structures s and functions
- b. Describe common diseases, symptoms, s and etiologies as they apply to each system
- c. Identify diagnostic and treatment modalities as they relate to each body system
- d. Apply a system of diet and nutrition
 - 1) Explain the importance of diet and nutrition
 - 2) Educate patients regarding proper diet and nutrition guidelines
 - 3) Identify categories of patients that require special diets or diet modifications

3. Medical Terminology

- ~~a. Basic structure of medical words~~
- ~~b. Word element combinations~~
- ~~c. Medical terms for specialties~~
- ~~d. Acceptable medical abbreviations~~

Graduates will be able to:

- a. Define and use the entire basic structure of medical ~~words~~ terminology and be able to accurately identify ~~in~~ the correct context, (i.e., root, prefix, suffix, combinations, spelling and definitions)
- b. Build and dissect medical terminologys from roots and /suffixes to understand the word element combinations ~~that create medical terminology~~
- c. Apply ~~various~~ medical terms terminology for each specialty
- d. Define and use medical abbreviations when appropriate and acceptable

4. Medical Law and Ethics

- ~~a. Documentation~~
- ~~b. Federal and state guidelines~~
- ~~c. Established policies~~
- ~~d. Liability coverage~~
- ~~e. Risk management~~
- ~~f. Health laws and regulations~~
 - ~~1) The scope of practice within the state of employment~~
 - ~~2) Delegation~~
- ~~g. Ethics~~

Graduates will be able to:

- a. Follow documentation guidelines
- b. Institute federal and state guidelines when: ~~releasing medical records or information~~
 - 1) Releasing medical records or information
 - 2) Entering orders in and utilizing electronic health records
- c. Follow established policies when initiating or terminating medical treatment
- d. Distinguish between employer and personal liability coverage ~~Understand the importance of maintaining liability coverage once employed in the industry~~
- e. Perform risk management procedures
- f. Comply with federal, state, and local health laws and regulations as they relate to healthcare settings
 - 1) Define the scope of practice for the medical assistant within the state where that the medical assistant is employed
 - 2) Describe what procedures can and cannot be delegated to the medical assistant and by whom within various employment settings
 - 3) Comply with meaningful use regulations
- g. Display compliance with the Code of Ethics of the profession
- h. Demonstrate compliance with HIPAA guidelines, the ADA Amendments Act, and the Health Information Technology for Economic and Clinical Health (HITECH) Act

5. Psychology of Human Relations

- ~~a. Abnormal behavior patterns~~
- ~~b. Terminally ill patients~~
- ~~c. Patient advocacy~~
- ~~d. Developmental stages of life~~
- ~~e. Working with diverse populations~~

Graduates will be able to:

- a. Respond appropriately to patients with abnormal behavior patterns
- b. Provide support for terminally ill patients
 - 1) Use empathy when communicating with terminally ill patients
 - 2) Identify common stages that terminally ill patients experience

3) List organizations/ and support groups that can assist patients and family members of patients experiencing terminal illnesses

- c. ~~Intervene on behalf of~~ Assist the patient ~~regarding in navigating~~ issues/ and concerns that may arise; (i.e., insurance policy information, medical bills, and physician/ provider orders), ~~etc.~~
- d. ~~Discuss~~ Adapt care to address the developmental stages of life
- e. Analyze the effect of hereditary, ~~cultural~~, and environmental influences on behavior
- f. Demonstrate an understanding of the core competencies for Interprofessional Collaborative Practice i.e. values/ethics; roles/responsibilities; interprofessional communication; teamwork
- g. Partner with health care teams to attain optimal patient health outcomes
- h. Display effective interpersonal skills with patients and health care team members
- i. Demonstrate cultural awareness

6. Pharmacology

- a. ~~Commonly prescribed drugs~~
- b. ~~Math and metric conversions~~
- c. ~~Prescriptions~~
- d. ~~Use of drug references~~
- e. ~~Laws and regulations~~

Graduates will be able to:

- a. Identify drug classification, usual dose, side effects, and contraindications of the top most commonly used medications
- b. Demonstrate accurate occupational math and metric conversions for proper medication administration
- c. Prescriptions
 - 1) Identify parts of prescriptions
 - 2) Identify appropriate abbreviations that are accepted in prescription writing
 - 3) Comply with legal aspects of creating prescriptions, including federal and state laws
- d. Properly utilize the Physician's Desk Reference (PDR), drug handbooks, and other drug references to identify a drug's classification, usual dosage, usual side effects, and contraindications
- e. ~~Comply with federal, state, and local health laws and regulations~~

7. Records Management

- a. ~~Data entry skills~~
- b. ~~Office systems and software including Electronic Medical Records~~
- c. ~~Laws and regulations~~

Graduates will be able to:

- a. ~~Perform basic keyboarding skills (i.e. Microsoft Word, etc.)~~
- b. ~~Utilize Electronic Medical Records (EMR) and Practice Management Systems~~
- c. ~~Comply with federal, state, and local laws relating to exchange of information and describe elements of meaningful use and reports generated~~

7. Administrative Procedures

- a. ~~Records management~~
- b. ~~Financial Practices~~
- c. ~~Insurance and Coding~~
- d. ~~Scheduling~~
- e. ~~Office environment~~
- f. ~~Communication~~

Graduates will be able to:

- a. Gather and process documents
- ~~a.b. Navigate electronic health records systems and practice management software~~
- c. Perform billing and collection procedures
 - ~~1) Accounts payable and accounts receivable~~
 - ~~2) Post adjustments~~
 - ~~3) Payment procedures; i.e. credit balance, non-sufficient funds, refunds~~
- d. Process insurance claims
 - ~~1) Differentiate between procedures of private, federal, and state payers~~
 - ~~2) Differentiate managed care; i.e. HMO, PPO, IPA including referrals and pre-certification~~
 - ~~3) Perform diagnostic and procedural coding~~
- e. Apply scheduling principles
 - ~~1) Schedule of in- and out-patient procedures~~
 - ~~2) Admission or hospital procedures~~
- f. Maintain inventory of equipment and supplies
 - ~~1) Perform routine maintenance of administrative equipment~~
- g. Display professionalism through written and verbal communications
- h. Perform basic computer skills

8. Clinical Procedures

- ~~a. Infection control~~
- ~~b. Patient screening~~
- ~~c. General/Physical examination~~
- ~~d. Specialty examination~~
- ~~e. Procedure/Minor surgery~~
- ~~f. Medication administration~~
- ~~g. Office emergencies~~
- ~~h. Patient education~~
- ~~i. Alternative healthcare/Community resources~~
- ~~j. Adaptations~~

Graduates will be able to:

- a. Practice standard precautions and perform disinfection/sterilization techniques
- b. Obtain vital signs, obtain patient history, and formulate chief complaint
- c. Assist provider with general/physical examination
- d. Assist provider with specialty examination, including cardiac, respiratory, OB-GYN, neurological, and gastroenterology procedures
- e. Perform specialty procedures, including but not limited to minor surgery, cardiac, respiratory, OB-GYN, neurological, and gastroenterology
- f. Prepare and administer oral and parenteral medications and monitor intravenous (IV) infusions
- g. Recognize and respond to medical office emergencies
- h. Teach self-examination, disease management and health promotion
- i. Identify community resources and Complementary and Alternative Medicine practices (CAM)
- j. Make adaptations with-for patients with special needs (psychological or physical limitations)
- k. Make adaptations to care for patients across their lifespan

9. Medical Laboratory Procedures

- ~~a. Quality control~~
- ~~b. CLIA-waived tests~~
- ~~c. Biohazards~~
- ~~d. Specimens~~
- ~~e. Patient instructions~~

Graduates will be able to:

- a. Practice quality control
- b. Perform selected CLIA-waived tests that assist with diagnosis and treatment
 - 1) Urinalysis
 - 2) Hematology testing
 - 3) Chemistry testing
 - 4) Immunology testing
 - 5) Microbiology testing
 - 6) Kit testing
 - (a) ~~Pregnancy~~
 - (b) ~~Quick strep~~
 - (c) ~~Dip sticks~~
- c. Dispose of biohazardous materials
- d. Collect, label, and process specimens
 - 1) Perform venipuncture
 - 2) Perform capillary puncture
 - 3) Perform wound collection procedures
 - 4) Obtain throat specimens for microbiologic testing
- e. Instruct patients in the collection of
 - 1) Clean-catch mid-stream urine specimens ~~(CCMS, 24 hour, etc.)~~
 - 2) Collection of fecal specimen
 - 3) Collection of sputum specimens

10. Career Development

- ~~a. Essentials for employment~~
- ~~b. Professionalism~~

Graduates will be able to:

- a. Perform the essential requirements for employment, such as resume writing, effective interviewing, dressing professionally, time management, and following up appropriately
- b. Demonstrate professional behavior
- c. Explain what continuing education is and how it is acquired

MA.A.2. A clinical experience is required for completion of the program.

The following is considered in choosing, placing and maintaining clinical site affiliations:

(a) Assignment

Clinical externships include placement at a facility that performs a balance of administrative and clinical various types of activities that will expose ~~the~~ students to the necessary skills required of the profession and ~~includes~~ has a minimum of 160 clock hours.

(b) Activities

An externship experience includes assisting clinical and administrative staff members with daily tasks, while under ~~the direct supervision of staff~~. ~~Students are oriented to the facility and the daily routine of the facility. They initially observe administrative and clinical procedures and then begin to perform tasks and procedures. As their externship experience progresses, they move into more advanced tasks and procedures. Student case logs/check lists are maintained to ensure a variety of tasks are performed and attendance is~~

~~documented. Students should only perform the duties of a medical assistant and the activities included in the program's curriculum.~~

(c) Supervision

(no additional requirements beyond Chapter V)

(d) Requirements for completion

(no additional requirements beyond Chapter V)

SECTION B – Program Supervision, Faculty and Consultation

Subsection 1 – Supervision

MA.B.1. The program supervisor is qualified and experienced in the field.

A program supervisor has:

- a. a minimum of an associate degree;
- b. a minimum of three years of full-time experience in a healthcare facility, including a minimum of 40 hours in an ambulatory healthcare setting;
- c. classroom teaching experience; and
- d. a current medical assistant registration or certification through a nationally recognized and accredited certifying agency, ~~unless a faculty member is so credentialed~~

Subsection 2 – Faculty and consultation

MA.B.2.a. Faculty formal education/training and experience support the goals of the program.
(no additional requirements beyond Chapter V)

MA.B.2.b. Faculty numbers and ratios support the goals of the program.

~~*(no additional requirements beyond Chapter V)*~~

The student to instructor ratio does not exceed 10:1 when students are performing invasive procedures.

MA.B.2.c. A program is served by an advisory board of program-related specialists to assist administration and faculty in fulfilling stated educational objectives.

The program's advisory board consists of at least one current faculty member and at least one non-employee representative from each of the following communities of interest:

- i. program graduates
- ii. employers

~~iii. The institution is also required to have a licensed (in a jurisdiction within the United States or its territories-) physician, physician assistant, or nurse practitioner who and is associated with the staff and faculty in a consulting capacity.~~

SECTION C – Laboratory Facilities and Resources

MA.C.1.a. The institution's laboratory facilities include ~~the following:~~
~~*(no additional requirements beyond Chapter V)*~~

- ~~a. Student stations to accommodate the number of students enrolled~~
- ~~b. Lighting, electrical outlets, ventilation and storage space~~
- ~~c. A physical environment conducive to instruction and learning including all relevant and current supplies necessary to support the program~~
- ~~d. Laboratory areas are sufficient in size and safely accommodate students, faculty and equipment during instruction~~
- ~~e. Demonstrate compliance with all state, federal, and local laws~~

MA.C.1.b. *Equipment and instruments are available within the institution's laboratory facility to achieve the program's goals and objectives.*

Current and up-to-date equipment and instruments are available and maintained.

At a minimum, the institution's laboratory facility must include:

- a. EKG machines
- b. Microscopes
- c. Refrigerator
- d. Working sink
- e. Eyewash station
- f. Glucometer
- g. Instruments for examinations and minor procedures
- h. Biohazard sharp container
- i. Examination table
- j. Cancer detection models (breast and testicular)
- k. Adaptive devices (walkers, wheelchairs, canes, crutches, gait belt)
- l. Centrifuge
- m. Mayo stand
- n. Sphygmomanometers (manual and electronic)
- o. Stethoscopes
- p. Adult and infant scales
- q. Eye charts
- r. Model skeleton
- s. Autoclave
- t. Thermometers (temporal, aural and oral)
- u. Electronic health records and practice management software
- v. Pulse oximeter

~~**MA.C.1.c. *The institution's laboratory facilities are available for students to develop required skills with faculty supervision.***~~

CHAPTER VII-MLT

PROGRAMMATIC EVALUATION STANDARDS FOR MEDICAL LABORATORY TECHNOLOGY

The Accrediting Bureau of Health Education Schools is recognized to accredit Medical Laboratory ~~Technology-Technician programs~~ programmatically. Institutions offering Medical Laboratory Technician programs and programs ~~The program~~ seeking or holding programmatic accreditation by ABHES must comply with the *Accreditation Manual*. ~~in its entirety, with the exception of Chapter IV, Evaluation Standards Applicable to Institutionally Accredited Members, including Chapter V for all programs and Chapter VI for degree-granting programs and all appendices.~~ All programs must comply with Chapter V. In addition, degree-granting programs must comply with Chapter VI. This chapter contains additional specific requirements for a Medical Laboratory ~~Technology-Technician~~ program.

DESCRIPTION OF THE PROFESSION

Medical Laboratory Technicians (~~MLT~~), sometimes called Clinical Laboratory Technicians (~~CLT~~), use a variety of precise equipment, technologies and methodologies to examine and analyze the fluids, cells, and tissues of the human body. These laboratory analyses assist physicians in patient diagnosis, treatment, and disease prevention. Medical Laboratory Technicians are educated in the various disciplines included, but not limited to hematology, microbiology, clinical chemistry, immunology, ~~and~~ immunohematology and body fluids, and & urinalysis.

MLT/CLT Medical Laboratory Technicians's are thoroughly trained in the use of sophisticated equipment and instruments.

Medical Laboratory Technicians are employed in hospital, reference, and research laboratories; ~~reference laboratories;~~ clinics; ~~research laboratories;~~ blood centers; physician's offices; medical industry and companies; biotechnology companies; ~~and~~ regulatory agencies.

CREDENTIALING

Credentialing in medical laboratory technology is required by some states to work in the field, is often required by employers, and is encouraged for graduates of ABHES-accredited programs. Programs are expected to prepare students in necessary aspects of the curriculum included in the national credentialing examinations that are available in this field of study.

SECTION A – Curriculum, Competencies, Externship and/or Internal Clinical Experience

MLT.A.1. The depth and breadth of the program’s curriculum enables graduates to acquire the competencies necessary to become an entry-level professional in the medical laboratory technology field.

Competencies required for successful completion of the program are delineated, and the curriculum promotes achievement of these entry-level competencies through mastery of content and skill achievement. Focus is placed on obtaining the skills and knowledge necessary for credentialing and opportunities to obtain employment.

In order to present the subject matter necessary for successful completion of the program and to meet the stated objectives, the program is normally two academic years in length (60-semester credit hours, 90-quarter credit hours, or its recognized clock-hour equivalent), and has the following:

1. at least 800 hours in combined clinical and laboratory experience, including a minimum of 400 hours in an externship environment. Each program will be assessed for its effectiveness in achieving the program objectives and state requirements ~~may dictate differently~~;
2. requisites (career development, medical terminology, medical law and ethics, college math, anatomy and physiology, and communication skills); and
3. a program curriculum that prepares the graduate to deal with workplace issues in a professional manner. ~~Focus is placed on attitudes, values and beliefs that lead to sound ethical behavior.~~ Student competencies are developed for effective interpersonal relationships with other health care professionals, problem solving, work management, and quality patient care. ~~Program content is designed to prepare the student to develop critical listening skills, body language, and verbal skills for better overall communication in the allied health setting.~~ Graduates from the program should be prepared to express logical ideas in writing and to demonstrate appropriate communication techniques for dealing with diverse patient populations.

3.4. A program curriculum to include experience with manual and automated processes and equipment, as applicable.

To provide for student attainment of entry-level competence, the curriculum includes but is not limited to the following:

1. General Laboratory Orientation

Graduates will be able to:

- a. Understand the program curriculum
- b. Use laboratory glassware and pipette devices properly
- c. Process electronic patient information
- d. Operate laboratory equipment and perform maintenance
- e. Adhere to biohazard safety procedures
- f. Adhere to policies and procedures for fire, chemical, and electrical safety
- g. Operate and maintain a microscope
- h. Perform requisition processing
- i. Perform specimen processing
- j. Define specific laboratory information systems

2. Medical Law and Ethics

Graduates will be able to:

- a. Demonstrate and comply with an understanding of HIPAA ~~compliance~~ rules and regulations
- b. Complete a chain of custody form
- ~~c. Be cognizant of ethical boundaries in the field of medical laboratory technology~~
- c. d. Demonstrate an understanding of OSHA compliance rules and regulations
- d. Demonstrate an understanding of the core competencies for Interprofessional Collaborative Practice i.e. values/ethics; roles/responsibilities; interprofessional communication; teamwork

3. Anatomy and Physiology

Graduates will be able to:

- a. Demonstrate understanding of structures and functions of all body systems
- b. Identify anatomical structures as they relate to laboratory testing
- c. Identify common disorders affecting all body systems and those laboratory tests used to diagnose disorders

4. General Chemistry

Graduates will be able to:

- a. Understand inorganic and organic chemical reactions
- b. Understand clinical methodologies performed by automated chemistry analyzers
- c. Calculate clinical results using standard curves

5. Urinalysis and Body Fluids

Graduates will be able to:

- a. Perform urinalysis procedures
- b. Perform procedures for analysis of body fluids, including but not limited to, synovial, pleural, and spinal fluids
- ~~c. Perform procedures for analysis of other relevant body fluids~~

6. Hematology

Graduates will be able to:

- a. Perform procedures for hematology including:
 - 1) Hemoglobin and hematocrit
 - 2) RBC, WBC counts, and platelet counts
 - 3) Blood smears and differentials
 - 4) Erythrocyte sedimentation rates
 - 5) Reticulocyte counts
- b. Evaluate ~~Demonstrate an understanding of~~ bone marrow slides evaluation ~~and~~ LAP scores
- c. Perform coagulation procedures to include:
 - 1) Prothrombin Time ~~(PT)~~/INR
 - 2) Fibrinogen
 - 3) Activated Partial Thromboplastin Time ~~(PTT)~~
 - 4) Factor assays
 - 5) D-Dimer assays

7. Immunohematology

Graduates will be able to:

- a. Perform procedures for immunohematology including:
 - 1) ABO ~~&~~and Rh blood group systems
 - 2) Antibody screening
 - 3) Compatibility testing
 - 4) Prenatal and new-born screening
- b. Demonstrate an understanding of:
 - 1) Antibody identification and titer
 - 2) Other major blood groups
 - 3) Component preparation
 - 4) Fetal maternal considerations
 - 5) Donor eligibility, collection and processing

8. Microbiology

Graduates will be able to:

- a. Perform Gram staining techniques
 - 1) ~~Gram~~
 - 2) ~~Acid fast~~
- b. Select and inoculate appropriate culture media
- c. Select appropriate incubation techniques
- d. Perform Identification of normal flora versus pathogenic growth
- e. Perform bacterial identification tests
- f. ~~Isolation of~~ Identification of microbes from blood cultures
- g. Demonstrate an understanding of:
 - 1) Antibiograms
 - 2) Phage typing
 - 3) Parasitology
 - 4) Mycology
 - 5) ~~Virology~~
 - 6) Acid fast staining

9. Immunology/Serology

Graduates will be able to:

- a. Understand basic immunologic mechanisms
- b. Perform serological testing procedures including:
 - 1) RPR
 - 2) Monospot
 - 3) HCG
 - 4) RF
- c. Perform serological dilution titers
- d. Demonstrate an understanding of selected test procedures for immunology and serology, including:
 - VDRL, Rubella and Fluorescent techniques

10. Clinical Chemistry

Graduates will be able to:

- a. Perform specific analyte testing, including:
 - 1) Enzymes

- 2) ~~G~~glucose
 - 3) Lipids/lipoproteins
 - 4) Electrolytes
 - 5) Therapeutic drug monitoring
 - 6) BUN and ~~creatinine~~creatinine
- b. Demonstrate an understanding of principles and procedures for chemical analysis
- c. Demonstrate an understanding of components of metabolic panels/profiles

11. Quality Assurance

Graduates will be able to:

- a. Document and evaluate quality control procedures
- b. Document corrective action procedures related to “out of control” results
- c. Perform instrument calibration
- d. Demonstrate knowledge and understanding of:
 - 1) Utilizing Levy Jennings charts and Westgard Rules to perform statistical analysis
 - 2) Reference ranges
 - 3) Proficiency testing

12. Specimen Collection

Graduates will be able to:

- a. Perform routine venipunctures
- b. Perform dermal punctures
- c. Perform blood cultures
- d. Demonstrate and understanding of:
 - 1) Instructing patients in urine, stool, and semen collection procedures
 - 2) Special collection procedures, including: ~~F~~forensic testing, sweat chloride, paternity testing and PKU.

13. Career Development

Graduates will be able to:

- ~~a. Understand externship rules and regulations~~
- ~~a. b.~~ Understand the importance of passing a national certification exam and holding membership in a professional organization
- ~~c. Set goals, manage time and search for employment~~
- ~~b. d.~~ Write a resume
- ~~c. Demonstrate proper and job~~ interview techniques for job
- ~~d. Explain what continuing education is and how it is acquired to enhance career development~~

MLT.A.2. *A clinical experience is required for completion of the program.*

The following is considered in choosing, placing and maintaining clinical site affiliations:

(a) Assignment

The program provides a clinical laboratory experience for the students within an CLIA approved laboratory, ~~and the students' progress is evaluated through a formal procedure.~~ Clinical externship experiences sites include placement at a facilitiesy that performs various types of activities that will expose ~~the~~ students to the necessary skills required of the profession.

All approved ~~externship-clinical~~ experiences ~~are~~ in a laboratory that examines materials derived from the human body and ~~is-are~~ in a:

- i. clinical ~~or research~~ laboratory (a) directed by a person holding an earned doctorate degree in one of the sciences; or (b) approved for service to patients under "Conditions for Coverage of Services of Independent Laboratories" under Medicare; ~~or OR~~
- ii. ~~research laboratory (a) operated by an accredited college or university (b) directed by the holder of an earned doctorate degree; or~~
- iii. ~~ii.~~ hospital laboratory accredited by the ~~(a)~~ Joint Commission on Accreditation of Health Organizations, ~~(b)~~ Commission of Hospitals of the American Osteopathic Association or ~~(c)~~ College of American Pathologists.

(b) Activities

- ~~1. Students are oriented to the facility and the daily routine of the facility.~~
- ~~2. Students initially observe activities and procedures and then begin perform tasks and procedures.~~
3. The ~~externship-clinical~~ experience covers the major sections of clinical laboratory testing, including; chemistry, hematology/coagulation, body fluids/urinalysis, immunology/serology, immunohematology, and microbiology.
- ~~4. An externship includes assisting clinical staff members with daily tasks, while under the supervision of staff.~~
- ~~5. As their externship experience progresses, they move into more advanced tasks and procedures. Record of student competencies are maintained to ensure a variety of tasks performed.~~

(c) Supervision

(no additional requirements beyond Chapter V ~~B.4.c.~~ & ~~MLT.B.2.a.~~)

(d) Requirements for completion

(no additional requirements beyond ~~Chapter V~~ & ~~MLT.A.1.~~)

SECTION B – Program Supervision, Faculty, and Consultation

Subsection 1 – Supervision

MLT.B.1. The program supervisor is credentialed and experienced in the field.

The program supervisor holds a credential from a nationally recognized and accredited agency as a medical technologist or a clinical laboratory scientist and at a minimum holds a bachelor's degree in the sciences. The program supervisor has five years of practical laboratory experience, ~~in the field or a closely related field.~~

Subsection 2 – Faculty and consultation

MLT.B.2.a. Faculty formal education/training and experience support the goals of the program.

Program Faculty designated by the program must demonstrate knowledge and proficiency in their content areas, and the ability to teach effectively at the appropriate level, and faculty teaching didactic and clinical core courses must:

- ~~(a) Faculty be hold a currently~~ credentialed by ~~from~~ a nationally recognized and accredited agency as a medical laboratory technologist or technician;
- ~~(b) hold, at minimum, an earned associate degree; AND and,~~
- ~~(a)(c) have with at least minimum of~~ two years of practical experience ~~in of~~ the subject area.

~~The f~~Faculty ~~must~~ participate in teaching courses, supervising applied laboratory learning experiences, evaluating student achievement, developing curriculum, formulating policy and procedure, and evaluating program effectiveness.

MLT.B.2.b. Faculty size/numbers support the goals of the program.

~~Faculty/student ratio does not exceed program specific requirements.~~ Student to instructor ratio in the laboratory does not exceed 10:1.

MLT.B.2.c. A program must be served by an ~~individual consultant or~~ advisory board of program-related specialists to assist administration and faculty in fulfilling stated educational objectives.

~~The program's advisory board consists of at least one current faculty member and at least one non-employee representative from each of the following communities of interest:~~

- ~~The program's advisory board must include a~~
- ~~i. program graduate~~
 - ~~ii. an affiliated clinical site preceptor, and~~
 - ~~iii. a current practitioner.~~

~~An individual may not serve in more than one capacity.~~

SECTION C – Educational Facilities and Resources

MLT.C.1.a. Laboratory facilities are fully operational and readily available to accommodate all enrolled students.

~~1. Laboratory areas are of a size to accommodate students, faculty, and equipment during instruction.~~

~~2. Equipment and instruments are available in quantity and quality to accommodate student during instruction.~~

MLT.C.1.b. Instruments and equipment for instruction and experience are available in the program's laboratory facility.

~~At a minimum, the institution's laboratory facility must include:~~

- ~~a. Microscope~~
- ~~b. Specimen collection tubes~~
- ~~c. Centrifuge~~
- ~~d. Spectrophotometer~~
- ~~e. Glassware and pipettes~~
- ~~f. Specimen collection devices (e.g., needles, syringes, band aids, tubes)~~
- ~~g. Microscope slides~~
- ~~h. Blood culture bottles~~
- ~~i. Reagent strips~~

- j. Diagnostic testing kits
- k. Hemocytometers
- l. Stains
- m. Incubator
- n. Culture media
- o. Identification systems for biochemical testing
- p. Automated instrumentation

~~*MLT.C.I.c. — The institution's Laboratory facilities are available for students to develop required skills with under faculty or preceptor supervision.*~~

CHAPTER VII – ST ~~PROGRAMMATIC~~ EVALUATION STANDARDS FOR SURGICAL TECHNOLOGY

The Accrediting Bureau of Health Education Schools is recognized to accredit Surgical Technology programs programmatically. Institutions offering Surgical Technology programs and programsThe program seeking or holding programmatic accreditation by ABHES must comply with the Accreditation Manual, in its entirety, with the exception of Chapter IV, Evaluation Standards Applicable to Institutionally Accredited Members, including Chapter V for all programs and Chapter VI for degree-granting programs and all appendices. All programs must comply with Chapter V. In addition, degree-granting programs must comply with Chapter VI. This chapter contains additional specific requirements for a Surgical Technology program.

DESCRIPTION OF THE PROFESSION

The surgical technologist is an operating room specialist who performs specific duties for pre-, intra-, and postoperative case management. Surgical technologists must be knowledgeable in asepsis and sterile technique, and must be able to properly care for instrumentation, equipment, and supplies. Education includes the following: basic sciences: microbiology, anatomy and physiology, pathophysiology, and surgical pharmacology. Additionally this education includes: surgical procedures, case management, wound care and closure, ~~and~~ surgical patient care, and safety.

Preoperative case management duties include operating room preparation, gathering of supplies and equipment, case set-up, and preparation of the operative site with sterile drapes. Intraoperative case management duties include maintenance of the sterile field, passing instruments and medications to the surgeon and assistant, specimen care, and application of wound dressings. Postoperative case management duties include care and maintenance of equipment and instruments after use, and preparation of the operating room for the next procedure.

Surgical technologists' employment includes: hospital operating rooms, central sterile processing departments, outpatient surgical units, medical companies as sales representatives, physicians in private practice, cardiac catheterization units or endoscopic departments.

CREDENTIALING

Credentialing in surgical technology is required by some an increasing number of states to work in the field, is often required by most employers, and is encouraged for graduates of ABHES-accredited programs. Programs are expected to prepare students in necessary aspects of the curriculum included in the national credentialing examinations that are available in this field of study.

SECTION A – Curriculum, Competencies, ~~Externship-External~~ and/or Internal Clinical Experience

ST.A.1. *The depth and breadth of the program’s curriculum enables graduates to acquire the knowledge and competencies necessary to become an entry-level professional in the surgical technology field.*

The program’s goals are:

- i. documented and written in a manner to ensure that the curriculum is current with industry standards;
- ii. meeting the demands of the communities of interest (e.g., students, graduates, employers, physicians, and the public); and
- iii. sufficiently comprehensive to ensure that students obtain appropriate hands-on training in the cognitive, psychomotor and affective learning domains that enables them to be competent, entry-level surgical technologists.

Competencies required for successful completion of the program are:

- i. clearly delineated;
- ii. commonly accepted; and
- iii. ~~adhering to~~aligned with the current Core Curriculum for Surgical Technology, produced by the Association of Surgical Technologists (www.ast.org), (herein referred to as the Core Curriculum); and
- iv. demonstrate an understanding of the core competencies for Interprofessional Collaborative Practice i.e. values/ethics; roles/responsibilities; interprofessional communication; teamwork

~~Normally a minimum of 1,100 clock hours, including a 500 clock hour clinical experience is required for program completion. While each program will be assessed for its effectiveness in achieving program objectives and competencies, justification for deviations from the lengths identified above may require addressing such issues as student outcomes and employer satisfaction.~~

Students are advised, prior to admission and throughout the program, of any credentialing requirements necessary to achieve employment in the field. Focus is placed on credentialing requirements and opportunities to obtain employment.

ST.A.2. *A clinical experience is required for completion of the program.*

The following is considered in choosing, placing, and maintaining ~~externship-clinical experience~~ site affiliations:

(i) Assignment

Clinical sites include placement at a facility that performs various types of surgical procedures that will expose the student to the necessary skills required for entry-level practice in the profession. Placements may include limited time at out-patient surgical facilities.

Students may not replace existing staff or be compensated while participating in clinical experiences and this fact is made known to the student. The student is clearly in addition to the team and not a substitution.

In all cases, the clinical site used is properly licensed and regulated.

(ii) Activities

(no additional requirements beyond Chapter V ~~B.4.b.~~)

(iii) Supervision

An individual employed by the institution who meets the minimum qualifications of program faculty member is responsible for documenting routine on-site visits and weekly interaction, with both the student and faculty, to evidence oversight and evaluation of student performance while at the clinical site.

(iv) Requirements for Completion

Clinical assignments must allow the student to fulfill all of the requirements set forth in the current Core Curriculum, ~~for Surgical Technologists (herein referred to as the Core Curriculum), produced by the Association of Surgical Technologists (www.ast.org), including typical length as described in ST.A.1.~~

ST.A.3. *The program administers to each cohort of students an examination, after completion of curricula content and prior to graduation.*

The exam serves as the program's quality indicator by producing relevant, first time attempt score data which assess curricular quality and overall achievement in the program. Programs must demonstrate 100% examination participation and a 70% pass rate.

The exam program is:

- i. ~~in the field of surgical technology and accredited by a nationally recognized certification accrediting body; developed through an accredited testing agency in the field of surgical technology;~~ and,
- ii. proctored consistent with the credentialing agency's requirements.

SECTION B – Program Supervision, Faculty and Consultation

Subsection 1 – Supervision

ST.B.1. *The program supervisor is credentialed and experienced in the field.*

Supervisors of a surgical technology program:

- i. hold a credential in the surgical technology field from a nationally recognized and accredited credentialing agency (supervisors of a surgical technology program hired after July 1, 2010, hold the Certified Surgical Technologist (CST) credential);
- ii. possess a minimum of three (3) years of operating room experience in the scrub role within the last five (5) years or three (3) years teaching in the field of surgical technology prior to employment; and,
- iii. evidence of continued education and training intended to maintain and enhance their professional knowledge of surgical technology instruction and administrative requirements as well as to promote necessary education, standards, and credentialing required in the surgical technology field (e.g., pursuit of advanced academic degrees and active participation in related state and national membership organizations); ~~and~~,
- ~~iv. may also serve as clinical coordinators but must be free of additional educational and administrative responsibilities that may impede them in effectively fulfilling their supervisory role.~~

Subsection 2 – Faculty Consultation

ST.B.2.a. *Faculty formal education/training and experience support the goals of the program.*

All faculty works under the direction of the program supervisor. Faculty teaching didactic and clinical core (found in the Core Curriculum) courses (i) hold the Certified Surgical Technologist (CST) credential if hired after July 1, 2010, and (ii) have within the last five (5) years a minimum of three (3) years of operating room experience or teaching in the field, or a combination of the two prior to hire date.

ST.B.2.b Faculty numbers and ratio support the goals of the program.

Supervision during laboratory instruction is defined as student to faculty ratio of 102:1.

ST.B.2.c. A program employs a clinical coordinator ~~is responsible for supervision of clinical faculty and students and is employed by the program.~~

A clinical coordinator is:

- i. qualified as program faculty; and,
- ii. responsible for the supervision of clinical faculty, students, and the clinical experience.

Clinical coordinators may serve in more than one capacity (e.g., program supervisor, didactic or laboratory instructor, etc.). ~~meet the qualifications of faculty (see ST.B.2.a).~~

ST.B.2.d. A program is served by an advisory board of program-related specialists to assist administration and faculty in fulfilling stated educational objectives.

The program's advisory board consists of at least one current faculty member, a representative from the institution's administration, and at least one non-employee representative from each of the following communities of interest:

- i. program student
- ii. program graduate
- iii. currently credentialed surgical technologist
- iv. employer
- v. licensed ~~physician~~ member of the surgical team with recent operating room experience; ~~and,~~
- vi. the public (public member is to serve in the role of "potential patient" in assessing continued assessment of public health and welfare.)

An individual may not serve in more than one capacity ~~as qualified.~~

SECTION C – Laboratory Facilities and Resources

ST.C.1.a. The institution's laboratory facilities include:

A dedicated space to support the role of a surgical technologist in the scrub capacity and that meets the requirements of the current Core Curriculum.

ST.C.1.b. Equipment and instruments are available within the institution's laboratory facility to achieve the program's goals and objectives.

Equipment and instruments support the requirements of the Core Curriculum.

CHAPTER VIII
PROGRAM EVALUATION STANDARDS
FOR DENTAL ASSISTING

Summary of Distinctions Between Dental Assisting I and Dental Assisting II Programs

Institutions offering basic dental assisting programs (designated by ABHES as DAI) may choose to offer a more advanced-level of dental assisting program (designated by ABHES as DAII). The substantive additional requirements for DAII programs are outlined below.

Clinical Sciences

DAII programs are required to offer instruction in:

Evidence-based techniques

DAII.A.1.3.c

Graduates will comprehend and employ evidence-based techniques for workplace decisions.

Self-assessment

DAII.A.1.3.d

Graduates will practice the ability for self-assessment and correct problems that are identified.

Isolation Methods

DAII programs are required to offer instruction in:

Dental dams

DAII.A.1.12.c

Graduates will place and remove dental dams.

Cotton rolls

DAII.A.1.12.d

Graduates will place and remove cotton rolls.

Armamentarium assembly

DAII.A.1.12.f

Graduates will assemble an armamentarium for placement of a dental dam.

Pain Management

DAII programs are required to offer instruction in:

Topical anesthetics

DAII.A.1.15.c

Graduates will understand and explain the method for placement of topical anesthetics in accordance with state law.

Maxillary and mandibular arch injections

DAII.A.1.15.g

Graduates will locate and describe the sites for maxillary and mandibular arch injections.

Supplemental anesthesia techniques

DAII.A.1.15.h

Graduates will compare and contrast the supplemental techniques for anesthetic administration.

Nitrous oxide administration

DAII.A.1.15.i

Graduates will explain the need and method for nitrous oxide administration, and methods for monitoring its administration.

Anesthesia complications

DAII.A.1.15.j

Graduates will list and describe the treatment for and recognition of complications arising from anesthesia administration.

Patient Management and Care Procedures

DAII programs are required to offer instruction in:

Administration of fluoride

DAII.A.1.16.d

Graduates will ~~assess and~~ recognize the indications for fluoride use and proper placement in accordance with state law, and administer to the patient when necessary.

Dental Sciences: Pharmacology of the Oral Cavity

DAII.A.1.19.b

In addition to the following DAI standard: Courses emphasize drugs relevant to the practice of dentistry, DAII programs must also provide instruction in the following: Modes of administration, mechanisms of action, biotransformation, excretion, drug interactions, and side effects.

Dental Sciences: Nutrition

DAII.A.1.19.e

In addition to the following DAI standard: *Courses in nutrition consist of concepts for diet assessment*, DAII programs must also provide instruction in the following: *Concepts for patient management for developing a comprehensive disease program to treat individual patients.*

Dental Sciences: Pathology of the Oral Cavity

DAII.A.1.19.f

In addition to the following DAI standard: *Pathology courses integrate both basic and clinical sciences and applies the knowledge gained to the recognition and understanding of deviation from normal. The components of oral and general pathology may be addressed in one core course or integrated into several courses throughout the curriculum. The depth and scope of the curriculum may vary based upon the influences of the program level and academic setting.*

DAII courses must provide instruction in the following:

Personal health and disease and its relation to optimal function

Dental Sciences: Interpret Diagnosis

DAII programs must offer instruction in:

DAII.A.1.19.f.(3)

The identification of a specific disease, including dental caries. Interpreting the diagnostics includes: clinical identification, radiographic interpretation, historical data (medical and dental), laboratory studies, surgical intervention, therapeutic application, and the differential diagnosis (Note: only a dentist can diagnose.)

Externship and/or Internal Clinical Experiences

DAII.A.2.(a).

DAII programs are required to offer a minimum of 300 clock hours for externships.

DAII.A.2.(c).

DAII programs are required to ensure that a clinical externship employ a qualified preceptor who meets the program supervision requirements described in Section B of the DAII standards if the program does not employ a supervisor on site.

DAII.A.2.(d).

In addition to the following DAI standard: *Upon completion of the clinical externship, students demonstrate entry-level proficiency in all areas of the curriculum*, DAII programs must require students to:

Fulfill requirements in accordance with distributions for general and specialty areas and level of complexity.

Program Supervision, Faculty, and Consultation

DAII programs are required to employ a program supervisor who:

DAII.B.1. (b)

Possesses a baccalaureate degree, or is currently enrolled and making satisfactory progress toward completion of a baccalaureate program (by January 1, 2014, the program supervisor will have earned at least a baccalaureate degree).

DAII.B.1. (c)

Has a background in educational methods, testing and evaluation.

DAII.B.1. (d)

Has experience in the field as an educator, including administrative functions, of a dental assisting program.

DAII programs are required to employ faculty who:

DAII.B.2. (b).

Have an earned baccalaureate degree or will be working toward completing a baccalaureate degree program in a timely manner.

CHAPTER VIII– DA I **PROGRAM EVALUATION STANDARDS** FOR DENTAL ASSISTING

~~The Accrediting Bureau of Health Education Schools (ABHES) does not programmatically accredit any dental assisting program, whether at a basic level or at a more advanced level of practice, but, as an institutional accrediting agency, includes this program within an institution’s grant of accreditation. The dental assisting program offered at an ABHES-accredited institution must comply with all policies, procedures, and standards described throughout the *Accreditation Manual*, including the general evaluation standards applicable to all institutions (Chapter IV) and the standards applicable to all programs offered (Chapter V). In addition, degree-granting programs must comply with Chapter VI. This chapter contains additional specific accreditation requirements for a dental assisting program. However, as part of its accreditation of an institution, ABHES requires that each educational program offered by the institution separately demonstrate compliance with all applicable standards, including the specific evaluation standards of Chapter V. Accordingly, every Self-Evaluation Report (SER), institutional site visit, and Site Visitation Report evaluates each program individually against all ABHES accreditation standards. A program specialist is used to evaluate each individual program offered by an institution. Individual programs that do not demonstrate compliance with the standards, policies, and procedures set forth in the *Accreditation Manual* may be excluded from the institution’s grant of accreditation or may cause the institution’s accreditation to face adverse action.~~

ABHES may include either a basic level dental assisting program (identified as “Dental Assisting I”), a more expanded level dental assisting program (identified as “Dental Assisting II”), or both, within an institution’s grant of accreditation. The practice of dental assisting has evolved so that in some areas of the country the broad field commonly referred to as “dental assisting” may now encompass more than one level of job functions and responsibilities. Consistent with the fact of the different levels of professional responsibility, ABHES recognizes that not all educational programs under the general rubric “dental assisting” have the same mission, but rather that some are intended to prepare graduates only for the more basic responsibilities while others are intended to prepare graduates for additional, greater levels of responsibility. Therefore, ABHES provides additional standards for the inclusion of a more expanded level dental assisting program (“Dental Assisting II”).

~~An institution offering a dental assisting program demonstrates compliance with the evaluation standards contained in Chapters IV and V of the *Accreditation Manual*. If an institution seeks inclusion of a Dental Assisting II program within its grant of accreditation, then the institution in its request specifically identifies the program as such and demonstrates that the program complies with the standards of this Chapter VIII in addition to compliance with the evaluation standards of Chapters IV and V. The institution evidences that the “Dental Assisting II” program has as its mission the preparation of graduates with the knowledge and skills required for a dental assistant with expanded duties or an equivalent of that term recognized by the state regulatory agency for jurisdictions served by the institution, as applicable.~~

For purposes of this chapter, any program identified as “dental assisting” or any other name or designation that is reasonably understood by professionals in the field, students, or the public to have the same meaning complies with these standards. This chapter is equally applicable to any educational program offered by the institution that intends to prepare graduates for employment based on the knowledge and skills set forth in this chapter.

~~Many states have adopted specific requirements for education, experience or credentialing of dental assistants or of dental assistants with expanded functions or duties. ABHES accreditation of an institution offering a dental assisting or expanded dental assisting program means that the program has demonstrated compliance with the applicable ABHES standards. Institutions are responsible for knowing and abiding by applicable state requirements. Accreditation does not imply or guarantee that graduates necessarily meet the specific state eligibility requirements for credentialing, licensure or employment. An expanded dental assisting program that complies with ABHES requirements may not be comparable to state requirements for an expanded functions dental assisting program. Institutions are further responsible to be familiar with and to disclose to all prospective students all information related to graduates eligibility or credentialing, licensure and employment.~~

DESCRIPTION OF THE PROFESSION

The dental assistant is trained in dentistry techniques and also performs general office duties, including a variety of patient care, office, and laboratory duties. Dental assistants work chairside ~~as dentists examine and treat patients.~~ Some duties may be performed under ~~either~~ general or direct supervision, as state dental laws provide.

Dental assistants acquire vital signs and dental and medical histories, prepare patients for examinations, treatments or surgical procedures, and work chairside as dentists examine and treat patients. They expose and ~~develop process~~ dental radiographs, and prepare dental materials and injections.

Dental assistants possess a thorough knowledge of the equipment, supplies, instruments, and techniques required for every dental procedure, and proper disinfection and sterilization techniques for infection control. They sterilize and disinfect instruments and equipment, prepare trays of instruments for dental procedures, and instruct patients on pre- and postoperative and general oral health care. They apply topical anesthesia preoperatively if permitted by law, and understand the procedural steps necessary to successfully complete any dental procedure. During the procedure, dental assistants provide oral illumination, tissue retraction, and oral evacuation.

~~Dental assistants with laboratory duties make casts of the teeth and mouth from impressions, clean and polish removable appliances, and make temporary crowns. Dental assistants perform a variety of clinical, laboratory, and administrative duties with office duties schedule and confirm appointments, receive patients, keep treatment records, send bills, receive payments, and order dental supplies and materials.~~ Dental assistants should not be confused with dental hygienists, who are licensed to perform different clinical tasks. Only those procedures legally permitted to be performed will be taught to clinical competence; all other procedures will be taught to laboratory competence.

CREDENTIALING

Most states regulate the duties that dental assistants are allowed to perform through licensure or registration, which may require passing a written or practical examination. Licensure, certification, or registration is an acknowledgment of an assistant's qualifications and professional competence, and may be an asset when one is seeking employment. For annual recertification, individuals normally earn continuing education credits.

Individual states have adopted different standards for dental assistants who perform certain advanced duties, such as radiological procedures. Some states require completion of a state-approved course in radiology or advanced credentials from nationally-recognized credentialing agencies.

Many states have adopted specific requirements for education, experience, and/or credentialing of dental assistants or of dental assistants with expanded functions or duties. ABHES accreditation of an institution offering a dental assisting or expanded dental assisting program means that the program has demonstrated compliance with the applicable ABHES standards. Institutions are responsible for knowing and abiding by applicable state requirements. Accreditation does not imply or guarantee that graduates necessarily meet the specific state eligibility requirements for credentialing, licensure, or employment. An expanded dental assisting program that complies with ABHES requirements may not be comparable to state requirements for an expanded functions dental assisting program. Institutions are further responsible to be familiar with and to disclose to all prospective students all information related to graduates eligibility or credentialing, licensure, and employment.

SECTION A - Curriculum, Competencies, Externship and/or Internal Clinical Experience

DA1A.1. The depth and breadth of the program's curriculum enables graduates to acquire the knowledge and competencies necessary to become an entry-level professional in the dental assisting field.

1. Clinical Sciences

~~Clinical science courses prepare the student for preclinical and clinical experiences. Students demonstrate competence in performance of the procedures that they will perform in the clinical setting. Competencies in the clinical skills listed below each subject area are attained by graduates for entry level practice. Course development requires that learning strategies for these graduate competencies be imbedded throughout the curriculum to achieve maximum effectiveness.~~

Graduates will be able to:

- ~~a. Employ crucial problem-solving skills for work-related problems.~~
- ~~b. Practice critical thinking to effect workplace solutions.~~
- ~~c. Promote practices for good health, and communicate these practices to patients.~~
- ~~d. Define "professional behavior;" and explain its importance for dental assisting practice.~~
- ~~e. Define the term "ethics;" and explain its importance for dental assisting practice.~~
- ~~f. List and describe potential ethical scenarios that may arise during dental assisting practice.~~
- ~~g. Comprehend and practice principles and procedures for patient safety.~~
- ~~h. Assess therapeutic communication levels, lengths, and depths based on specific audiences.~~
- ~~i. Assess the listener's comprehension of the message conveyed.~~
- ~~j.i. Formulate written communications that utilize proper grammar, punctuation, and spelling.~~
~~Utilize listening skills and behavioral observation during the performance of the job.~~
- ~~k. Demonstrate verbal techniques that influence perception and enhance listening.~~
- ~~l.j. Describe and employ methods for bridging communication gaps for non-English speakers or those whose listening abilities are impaired~~
- ~~m.k. Practice knowledge of interpersonal skills to enhance working relationships.~~
- ~~l. Exhibit Demonstrate an understanding of diversity-diverse populations (e.g., culture, religion, race, age, gender, sexual orientation, disability or patients with special needs, and economic status) and the ways that diversity influences language and communication.~~
- ~~m. n. Demonstrate an understanding of the core competencies for Interprofessional Collaborative Practice i.e. values/ethics; roles/responsibilities; interprofessional communication; teamwork~~

2. Business Office Procedures

~~Course content prepares the graduate to manage telephone queries, appointments, supply inventory, insurance reimbursement, and office finances. In addition, the graduate operates computers, office equipment, and current technologies. and other office equipment, accesses the Internet, and constructs emails for transmission of radiographic studies.~~

Graduates will be able to:

- ~~a. Recognize the importance of accurate patient treatment record maintenance~~
- ~~a.b. Handle office appointments in a professional manner.~~
- ~~b.c. Handle telephone and electronic queries in a professional manner.~~
- ~~e.d. Perform word processing on a computer.~~
- ~~d.e. Operate copiers, printers, and fax machines office equipment.~~
- ~~e.f. Access the Internet to assemble information. Utilize current technologies for communication and outreach~~

~~f.g. Construct, send, and receive emails.~~ Define and demonstrate professional verbal and written communication in the work place

~~h. Identify dental office marketing opportunities (e.g., newsletters, websites, social media, etc.)~~

~~g.i. Identify and analyze patient confidentiality issues involving the collection and transmission of data.~~

~~h.j. Maintain inventory supply levels.~~

3. Infection and hazard control

~~Course content prepares the graduate to manage infection and hazard control procedures according to published OSHA mandated professional guidelines.~~

Graduates will be able to:

~~a. Comprehend and p~~Perform all relevant hand washing techniques.

~~b. Recognize the need for, and demonstrate the use of~~ personal protective barriers, ~~and perform their placement.~~

~~c. Recognize the need for, and demonstrate the use of~~ surface barriers, ~~and perform their placement.~~

~~d. Differentiate between sterilization and disinfection.~~

~~e. Understand and perform~~Perform disinfection procedures and techniques.

~~f. Define ultrasonic cleaning and utilize ultrasound cleaning techniques~~

~~g. Utilize procedures for soaking of instruments.~~

~~h. Practice OSHA-approved techniques for hazardous waste management.~~

~~i. Perform-Demonstrate~~ gloving techniques according to established procedures.

~~j. Operate sterilizing equipment according to manufacturer's guidelines.~~

~~k. Assemble and prepare instruments for sterilization.~~

~~l. Utilize biological indicators to monitor autoclave effectiveness.~~

~~m. Utilize radiographic monitoring devices and understand their importance~~

~~m.n. Handle all sharps (needles and blades) according to established procedures.~~

4. Clinical equipment function and maintenance

~~Course content prepares the graduate to operate and maintain dental equipment utilized in the clinical setting.~~

Graduates will be able to:

~~a. Identify and control the various functions for dental equipment in a clinical setting.~~

~~b. Operate dental equipment according to manufacturer's guidelines and institutional policy.~~

~~c. Perform regular maintenance for dental equipment according to manufacturer's guidelines and institutional policy~~

5. Ergonomics for the dental team setting

~~Course content prepares the graduate to understand ergonomic positioning of the dental team, and to prevent injury caused by repetitive motions. In addition, procedures for patient seating and dismissal, including those with special needs, are emphasized.~~

Graduates will be able to:

~~a. Describe and understand~~ the importance of ergonomic positioning ~~for the dental team.~~

~~b. Utilize accepted techniques for prevention of repetitive motion injuries.~~

~~c. Seat and dismiss patients for dental procedures.~~

~~d. Appreciate-Identify~~ the needs of all patients, including those with disabilities (and other special needs), and seat and ~~dismiss them~~provide assistance accordingly.

6. Medical/dental histories and vital signs

~~Course content prepares the graduate to assemble and record medical and dental histories, and understand their relevance to treatment and overall health care. Graduates are also prepared to obtain vital signs and understand differences between normal and abnormal readings.~~

Graduates will be able to:

- ~~a. Comprehend~~ Apply the relevance of medical and dental histories to treatment.
- ~~a.b.~~ Assemble and record the medical and dental history of the patient, including any medications taken, and report areas of concern to the dentist.
- ~~b. Comprehend the relevance of medical and dental histories to treatment.~~
- c. Obtain and document readings for body temperature, pulse rate, respiration rate, and blood pressure.
- ~~d. Compare and contrast the normal/abnormal readings of each of the vital signs.~~
- ~~d.e.~~ Assess and document the patient's level of pain.
- ~~e. Compare and contrast the normal readings of each of the vital signs, and understand deviations from the norm.~~
- ~~f. Notify the dentist of any deviation from the normal readings of any of the vital signs.~~

7. Instruments, tray set-ups, transfer methods

~~Course content prepares the graduate to handle transfer dental instruments, and to understand their functions and parts. In addition, graduates are prepared to transfer mixed materials, select instruments for tray set ups, and to utilize the various grasps for each instrument.~~

Graduates will be able to:

- a. Identify the name, and parts, and use of each dental instrument.
- b. Recognize the function and use of each dental instrument.
- ~~e. Recognize and select the component parts of an instrument and its use.~~
- ~~d.c.~~ Select instruments and demonstrate proper placement for a tray set-up for any given dental procedure.
- ~~e.d.~~ Utilize the various grasps for all dental instruments.
- ~~f.e.~~ Transfer of mixed materials, dental instruments, and other items using four or six handed dentistry

8. Oral illumination

~~Course content prepares the graduate to comprehend the functions and operation of dental lights, and to position them for optimal illumination of the oral cavity during all chairside procedures.~~

Graduates will be able to:

- a. ~~Understand~~ Describe the functions of dental light
- b. Operate and maintain dental lights
- c. Position dental lights for optimal illumination of the oral cavity for all chairside procedures

9. Tissue retraction and oral evacuation (as permissible by state law)

~~Course content prepares the graduate to retract tissue utilizing a high velocity suctionevacuator, and to place the saliva ejector for maintenance of a dry field. In addition, graduates are prepared to protect patient's oral tissues and prevent aspiration of unwanted objects.~~

Graduates will be able to:

- a. ~~Understand and apply~~ Apply methods of tissue retraction, including retraction with a high velocity ~~suction~~ evacuator.
- b. Place the saliva ejector for maintenance of a dry field.
- ~~e. Recognize and assess the need for protection of the patient's oral tissues, and apply methods to prevent damage~~ Utilize methods to protect the patient's oral tissue.

~~d.c.~~ Identify the dangers of aspiration during dental procedures, and apply methods to prevent aspiration of ~~unwanted~~ objects.

10. Isolation methods

~~Course content prepares the graduate to place and remove dental dams and moisture control items and cotton rolls, and to assemble the armamentarium for dental dam placement. An understanding of the functions, uses, and necessities for dental dams and cotton rolls is emphasized.~~

Graduates will be able to:

- a. Comprehend and describe the functions and uses of dental dams-
- b. Comprehend and describe the functions and uses of cotton rolls and other isolation and moisture-control items-
- c. Demonstrate proper placement and removal of a Place-dental dam-on mannequin.
- d. Place and remove cotton rolls and other moisture-control items-
- e. Define the term "armamentarium" as it applies to the practice of dentistry.

11. Chairside instrumentation and materials for restorative procedures

~~Course content prepares the graduate to understand the functions, and parts, and uses of restorative instruments, hand cutting instruments, burs, abrasion rotary instruments, and preset trays, and tubs. In addition, the graduate is prepared to understand/identifies cavity nomenclature/classification, and to prepares and for the removal of caries prior to and placing placement of a restoration.~~

Graduates will be able to:

- a. ~~List and d~~Describe the functions, parts, and uses of various restorative instruments ~~and their parts.~~
- b. Describe the function and manipulation of various chairside materials
- b.c. ~~Describe and understand~~ the function of all types of hand cutting instruments-
- e.d. ~~List and describe~~ Explain the names, numbers, and functions of burs-
- d.e. ~~Know and e~~ Comprehend/Describe the function of abrasion rotary instruments-
- e.f. ~~Know and e~~ Comprehend/Describe the function of preset trays and tubs-
- f.g. ~~Describe and understand~~ cavity nomenclature/classifications-
- g.h. ~~Describe-List~~ the steps necessary for removal of caries prior to placing placement of a restoration

12. Dental charting

~~Course content prepares the graduate to understand cavity classifications and oral conditions using Universal, Federation Dentaire Internationale, and Palmer numbering systems. The graduate is able to use common abbreviations for cavities, dental charting terminology, and color indicators and charting symbols. In addition, the graduate is able to demonstrate the skills necessary to use paper and electronic charting.~~

Graduates will be able to:

- a. ~~Compare and contrast~~ Identify cavity classifications-
- b. ~~List and describe~~ Demonstrate knowledge of/Identify oral conditions using Universal, Federation Dentaire Internationale, and Palmer numbering systems ~~and their charting~~
- c. Demonstrate skills in completing paper and electronic charting using appropriate terminology-
- e.d. ~~List and describe~~ Utilize common abbreviations for simple, compound, and complex cavities
- d. ~~Employ appropriate terminology for basic dental charting-~~
- e. List and describe color indicators and charting symbols-

13. Laboratory/pre-clinical

~~Course content prepares graduates with the skills necessary for impressions, study models, bite registrations, polishing removable appliances, fabricating mouth guards, as well as creating a variety of temporary crowns, and custom/whitening trays.~~

Graduates will be able to:

- ~~a. Describe the function and manipulation of various laboratory materials~~
- ~~b. Demonstrate the use of laboratory materials in taking an impression, and pouring and trimming a study-model for diagnostic purposes~~
- ~~c. Obtain accurate bite-registration~~
- ~~d. Polish removable appliances~~
- ~~e. Fabricate a mouth-guard~~
- ~~f. Create temporary crowns using a variety of materials~~
- ~~g. Fabricate custom and whitening trays~~

134. Pain management

~~Course content prepares the graduate to recognize the patient's symptoms of pain and anxiety, and assist the dentist in their management. Injection sites, syringes, trays, and types of local anesthetics are covered, as are the various complications that can arise during anesthesia.~~

Graduates will be able to:

- ~~a. Recognize and describe the symptoms associated with pain and anxiety.~~
- ~~b. Describe the methods for treatment of pain and anxiety during a chairside procedure.~~
- ~~c. Compare and contrast the types, indications, and contraindications of local anesthetics.~~
- ~~d. Describe the components and functions of the anesthetic syringe.~~
- ~~e. Assemble an anesthetic tray.~~

145. Patient management and care procedures

~~Course content prepares the graduate to prepare the patient for seating and dismissal, the patient, and present provide information on oral health, the patient with oral health and pre and postoperative instructions. The graduate is also prepared/learns to maintain accurate patient treatment records and perform their duties for emergencies.~~

Graduates will be able to:

- ~~a. Prepare the patient for dental operatory seating and dismissal/Seat and dismiss the patient.~~
 - ~~b. Assess and recognize the indications for oral health instruction in accordance with state law, and instruct/educate the patient when necessary~~
 - ~~c. Assess and recognize the indications for pre- and postoperative instructions, and administer to the patient when necessary.~~
 - ~~d. Recognize the importance of accurate patient treatment record maintenance.~~
- ~~Explain the dental assistant's role for medical and dental emergencies.~~

156. Dentistry ~~Ethics~~ ethics and jurisprudence

~~Course content prepares the graduate to comprehend the legal and ethical aspects of dentistry practice, and to apply the professional responsibilities prescribed by the American Dental Assistants' Association Principles and Ethics.~~

Graduates will be able to:

- a. List and describe the legal aspects of dentistry.
- b. Compare and contrast the ethical aspects to the ethical dilemmas of dentistry.
- c. Describe the professional responsibilities as required in the *American Dental Assistants' Association Principles and Ethics*

- d. Recognize and explain the signs that may compromise the dental assistant's ethics or professionalism.

16. Pre-Clinical Dental Assisting

~~Preclinical dental assisting is a fundamental course in dental assisting education, designed to provide a foundation for skills application. These curricular elements now focus on the practical application of specific skills necessary to perform as a professional dental assistant. Additional course content for pre-clinical dental assisting include ergonomics, illumination, armamentarium, and tissue retraction, which are covered in previous courses, but may be applied to this section.~~

Graduates will be able to:

- a. ~~Understand and apply the techniques for four handed or six handed dentistry.~~
- b. ~~Explain the methods for oral evacuation and apply them.~~
- c. ~~Define the term "operator maintenance" as it applies to dentistry, and apply the methods necessary for achievement.~~

17. Dental Sciences

~~Knowledge of dental sciences is integrated with dental materials, oral anatomy, infection control, and medical/dental emergencies. It is preferable that dental assisting students be concurrently enrolled in oral anatomy and introduction to dentistry during the presentation of the preclinical skills application.~~

a. Anatomy and Physiology of the Oral Cavity

Proper practice of dental assisting requires in-depth knowledge of the anatomy and physiology of the oral cavity. In addition, an understanding of basic pathology requires knowledge of normal anatomy and physiology

b. Pharmacology of the Oral Cavity

Courses ~~emphasize drugs relevant to the practice of dentistry.~~ prepare graduates to demonstrate knowledge of drug classifications, prescription writing, and use of the *Physician's Desk reference*.

c. Radiography of the Oral Cavity

Courses in radiography are designed to integrate theoretical and practical application of exposing and processing intra- and extra-oral radiographs. Graduates demonstrate knowledge of radiation safety measures and competency in producing radiographs in the laboratory on mannequins before they are allowed to take radiographs at clinical sites. Supervision and evaluation by faculty is essential for safety and proper instruction.

d. Microbiology

Courses in microbiology include basic principles of bacteriology, mycology, virology and immunology, with special emphasis on how they relate to the microbial flora of the oral cavity and to oral pathology. Concepts and methods of sterilization and disinfection are linked into concepts of Microbiology.

e. Nutrition

Courses in nutrition consist of concepts for diet assessment as it pertains to the oral cavity.

f. Oral Pathology ~~of the Oral Cavity~~

Pathology courses integrate both basic and clinical sciences and applies the knowledge gained to the recognition and understanding of deviation from normal.

- 1) General Pathology: the nature of disease, its causes, its processes, and its effects

- 2) Oral Pathology: basic knowledge of etiology, pathogenesis, identification, and management of diseases which affect the oral and maxillofacial regions. ~~Basic knowledge in the above.~~
- 3) Environmental/Occupational Hazards: any use or handling of tissue specimens that may be included as part of course or clinical instruction related to oral pathology follow recommended CDC and OSHA guidelines

18. BLS/First Aid

Graduates will be able to:

- a) Obtain an accepted BLS or ACLS provider card prior to commencing clinical experience.

DAI.A.2. An externship and/or internal clinical experience is required for completion of the program.

The following is considered in choosing, placing and maintaining externship site affiliations:

(a) Assignment

Externship sites include placement at a facility that performs various types of activities that will expose the student to the necessary skills required of the profession. Minimally the externship includes 160 clock hours. In all cases, the externship site used is properly approved and regulated.

(b) Activities

Students are oriented to the facility and the daily routine of the facility. They initially observe activities and procedures and then begin performing tasks and procedures. Students are monitored during externship to make sure that they are utilizing the skills they were taught.

A minimum of 60% of the time spent in the clinic or office is spent in assisting in general dentistry.

(c) Supervision

Programs clarify their role in how their students will be supervised, by whom and visited how often while at externship site. There is clear and documented communication between the program and the clinical externship site.

Students may not replace existing staff or be compensated while participating in externships and this fact is made known to the student. The student is clearly in addition to the staff/team and not a substitution.

(d) Requirements for Completion

Upon completion of the clinical externship, students demonstrate entry-level proficiency in all areas of the curriculum.

SECTION B – Program Supervision, Faculty, and Consultation

Subsection 1 – Supervision

DAI.B.1. The program supervisor possesses supervisory experience and is credentialed in the field.

A program supervisor:

- a. is a currently Certified or Registered Dental Assistant (CDA or RDA) or a licensed dentist, and is proficient in four-handed and/or six-handed dentistry principles;

- b. has experience in the field; and
- c. is sufficiently free from service and other non-educational duties to fulfill the educational and administrative requirements of the program.

A licensed dental hygienist who was appointed as a dental assisting program supervisor prior to July 1, 2010, is exempt from requirement (a) regarding credentialing in the dental assisting field provided he or she possesses occupational experience in the application of clinical chairside dental assisting involving fourhanded dentistry.

The responsibilities of the program supervisor include participation in:

- (a) Budget preparation
- (b) Fiscal administration
- (c) Curriculum development and coordination
- (d) Selection and recommendation of individuals for faculty appointment and promotion
- (e) Supervision and evaluation of faculty
- (f) Determining faculty teaching assignments
- (g) Determining admissions criteria and procedures
- (h) Planning and operating program facilities
- (i) Selection of extramural facilities and coordination of instruction in the facilities
- (j) Assessment of facilities and equipment periodically in relation to current concepts of dental assisting and recommends appropriate modifications

Subsection 2 – Faculty and consultation

DAI.B.2.a. Faculty formal education/training and experience support the goals of the program.

- (a) ~~Preclinical~~ All core faculty ~~members~~ are Certified Dental Assistants or Registered Dental Assistants (CDA or RDA), licensed by the state, as required, and possess current knowledge and experience in dental assisting. Faculty is proficient in didactic and clinical four-handed and/or six-handed dentistry. Faculty members who are dentists are not required to hold the CDA or RDA credential.
- (b) The institution ensures faculty is experienced in educational methods, testing, and evaluation.
- (c) Faculty is aware of state requirements governing dental assisting programs, as applicable.

DAI.B.2.b. Faculty size/numbers support the goals of the program.

There is an adequate number of faculty to support student needs, including tutorial support. Supervision during laboratory instruction is defined as student to faculty ratio of no more than 12:1.

DAI.B.2.c. A program is served by an ~~individual consultant or~~ advisory board of program related specialists to assist administration and faculty in fulfilling stated educational objectives.

The program's advisory board consists of at least one current faculty member, a representative from the institution's administration, and at least one non-employee representative from each of the following communities of interest:

- i. program student
- ii. program graduate

- iii. dental assistant
- iv. licensed dentist
- v. the public (public member is to serve in the role of potential patient assessing continued public health and welfare)

An individual may not serve in more than one capacity.

SECTION C – Educational Facilities and Resources

DAI.C.1.a. *The institution's laboratory facilities are well stocked, sufficient in size, maintained, and include the following:*

- a. Student stations suitable to number of students
- b. Lighting, electrical outlets, ventilation and storage space
- c. Adequate lighting, electrical outlets, and storage space
- d. Adjustable chair
- e. Sinks and plaster control devices
- f. Adequate ventilation
- g. Sufficient number of lathes, model trimmers, and vibrators for proper instruction
- h. Sufficient variety of quality dental materials/supplies
- i. Power operated chairs
- j. Air and water syringes
- k. Dental units and mobile stools
- l. Adjustable dental light
- m. High and low speed handpieces
- n. Oral evacuating equipment
- o. Work surface for the assistant
- p. Sterilizing equipment and area for preparing, sterilizing, and storing instruments
- q. Sufficient number of Ddental radiography units that meet applicable regulations
- r. Sufficient number of Tteaching mannequins
- s. Sufficient number of view boxes and film-holding devices to accommodate several students
- t. Film developing devices or darkroom
- u. Individual radiation monitoring devices/dosimeters
- t.v. Lead apron with cervical collar

DAI.C.1.b. *Equipment and instruments are available within the institution's laboratory facility to achieve the program's goals and objectives. Instruments include, but are not limited to, the following types:*

- a. Diagnostic
- b. Surgical
- c. Operative
- d. Periodontal
- e. Orthodontic
- f. Endodontic
- g. Pediatric
- h. Prosthodontics (removable and fixed)

Supplies, equipment, and instrumentation for laboratory instruction reflects actual clinical experiences and support class size.

DAI.C.1.c. The institution's laboratory facilities are readily available for students to develop required skills with faculty supervision.

Radiography facilities are available for students to develop required skills with faculty supervision. Each is sufficient to accommodate instruction and practice in exposing and processing radiographs. Student to radiography machine ratio does not exceed 5:1.

DAI.C.1.d Clinical treatment areas are sufficient in size to accommodate an operator, patient, student, and faculty member during instruction.

DAI.C.1.e. Infectious disease and radiation management policies are provided to all students, faculty, and appropriate support staff and continuously monitored for compliance.

Programs document compliance with institutional policy and applicable local, state, and federal regulations that include, but are not limited to hazardous materials and blood borne and infectious diseases. Additionally, policies on blood borne and infectious diseases are made available to applicants for admission and patients. Radiation protection and monitoring devices are available for each student.

~~*DAI.C.1.f. Adequate lecture classrooms exist with a chair and desk for each student.*~~

CHAPTER VIII– DA II PROGRAM EVALUATION STANDARDS FOR DENTAL ASSISTING

~~The Accrediting Bureau of Health Education Schools (ABHES) does not programmatically accredit any dental assisting program, whether at a basic level or at a more advanced level of practice, but, as an institutional accrediting agency, includes this program within an institution’s grant of accreditation. The dental assisting program offered at an ABHES-accredited institution must comply with all policies, procedures, and standards described throughout the *Accreditation Manual*, including the general evaluation standards applicable to all institutions (Chapter IV) and the standards applicable to all programs offered (Chapter V). In addition, degree-granting programs must comply with Chapter VI. This chapter contains additional specific accreditation requirements for a dental assisting program. ABHES does not programmatically accredit any dental assisting program, whether at a basic level or at a more advanced level of practice. However, as part of its accreditation of an institution, ABHES requires that each educational program offered by the institution separately demonstrate compliance with all applicable standards, including the specific evaluation standards of Chapter V. Accordingly, every Self-Evaluation Report (SER), institutional site visit, and Site Visitation Report evaluates each program individually against all ABHES accreditation standards. A program specialist is used to evaluate each individual program offered by an institution. Individual programs that do not demonstrate compliance with the standards, policies, and procedures set forth in the *Accreditation Manual* may be excluded from the institution’s grant of accreditation or may cause the institution’s accreditation to face adverse action.~~

ABHES may include either a basic level dental assisting program (identified as “Dental Assisting I”), a more expanded level dental assisting program (identified as “Dental Assisting II”), or both, within an institution’s grant of accreditation. The practice of dental assisting has evolved so that in some areas of the country the broad field commonly referred to as “dental assisting” may now encompass more than one level of job functions and responsibilities. Consistent with the fact of the different levels of professional responsibility, ABHES recognizes that not all educational programs under the general rubric “dental assisting” have the same mission, but rather that some are intended to prepare graduates only for the more basic responsibilities while others are intended to prepare graduates for additional, greater levels of responsibility. Therefore, ABHES provides additional standards for the inclusion of a more expanded level dental assisting program (“Dental Assisting II”).

~~An institution offering a dental assisting program demonstrates compliance with the evaluation standards contained in Chapters IV and V of the *Accreditation Manual*. If an institution seeks inclusion of a Dental Assisting II program within its grant of accreditation, then the institution in its request specifically identifies the program as such and demonstrates that the program complies with the standards of this Chapter VIII in addition to compliance with the evaluation standards of Chapters IV and V. The institution evidences that the “Dental Assisting II” program has as its mission the preparation of graduates with the knowledge and skills required for a dental assistant with expanded duties or an equivalent of that term recognized by the state regulatory agency for jurisdictions served by the institution, as applicable.~~

For purposes of this chapter, any program identified as “dental assisting” or any other name or designation that is reasonably understood by professionals in the field, students, or the public to have the same meaning complies with these standards. This chapter is equally applicable to any educational program offered by the institution that intends to prepare graduates for employment based on the knowledge and skills set forth in this chapter

~~Many states have adopted specific requirements for education, experience or credentialing of dental assistants or of dental assistants with expanded functions or duties. ABHES accreditation of an institution offering a dental assisting or expanded dental assisting program means that the program has demonstrated compliance with the applicable ABHES standards. Institutions are responsible for knowing and abiding by applicable state requirements. Accreditation does not imply or guarantee that graduates necessarily meet the specific state eligibility requirements for credentialing, licensure or employment. An expanded dental assisting program that complies with ABHES requirements may not be comparable to state requirements for an expanded functions dental assisting program. Institutions are further responsible to be familiar with and to disclose to all prospective students all information related to graduates eligibility or credentialing, licensure and employment.~~

DESCRIPTION OF THE PROFESSION

The dental assistant is trained in dentistry techniques and also performs general office duties, including a variety of patient care, office, and laboratory duties. Dental assistants work chairside ~~as dentists examine and treat patients.~~ S and some duties may be performed under ~~either~~ general or direct supervision, as state dental laws provide.

Dental assistants acquire vital signs and dental and medical histories, prepare patients for examinations, treatments, or surgical procedures, and work chairside as dentists examine and treat patients. They expose and process dental radiographs, and prepare dental materials and injections.

Dental assistants possess a thorough knowledge of the equipment, supplies, instruments, and techniques required for every dental procedure, and proper disinfection and sterilization techniques for infection control. They sterilize and disinfect instruments and equipment, prepare trays of instruments for dental procedures, and instruct patients on pre- and postoperative and general oral health care. They apply topical anesthesia preoperatively if permitted by law and understand the procedural steps necessary to successfully complete any dental procedure. During the procedure, dental assistants provide oral illumination, tissue retraction, and oral evacuation.

~~Dental assistants with laboratory duties make casts of the teeth and mouth from impressions, clean and polish removable appliances, and make temporary crowns. Dental assistants with office duties schedule and confirm appointments, receive patients, keep treatment records, send bills, receive payments, and order dental supplies and materials.~~ perform a variety of clinical, laboratory, and administrative duties. Dental assistants should not be confused with dental hygienists, who are licensed to perform different clinical tasks. Only those procedures legally permitted to be performed will be taught to clinical competence; all other procedures will be taught to laboratory competence.

CREDENTIALING

Most states regulate the duties that dental assistants are allowed to perform through licensure or registration, which may require passing a written or practical examination. Licensure, certification, or registration is an acknowledgment of an assistant's qualifications and professional competence, and may be an asset when one is seeking employment. For annual recertification, individuals normally earn continuing education credits.

Individual states have adopted different standards for dental assistants who perform certain advanced duties, such as radiological procedures. Some states require completion of a state-approved course in radiology or advanced credentials from nationally-recognized credentialing agencies.

Many states have adopted specific requirements for education, experience or credentialing of dental assistants or of dental assistants with expanded functions or duties. ABHES accreditation of an institution offering a dental assisting or expanded dental assisting program means that the program has demonstrated compliance with the applicable ABHES standards. Institutions are responsible for knowing and abiding by applicable state requirements. Accreditation does not imply or guarantee that graduates necessarily meet the specific state eligibility requirements for credentialing, licensure or employment. An expanded dental assisting program that complies with ABHES requirements may not be comparable to state requirements for an expanded functions dental assisting program. Institutions are further responsible to be familiar with and to disclose to all prospective students all information related to graduates eligibility or credentialing, licensure and employment.

SECTION A - Curriculum, Competencies, Externship and/or Internal Clinical Experience

DAII.A.1. The depth and breadth of the program's curriculum enables graduates to acquire the knowledge and competencies necessary to become an entry-level professional in the dental assisting field.

Competencies required for successful completion of the program are delineated, and the curriculum ensures achievement of these entry-level competencies through coursework and skills. Students are advised prior to admission and throughout the program of any credentialing requirements necessary to achieve employment in the field. Focus is placed on credentialing requirements and opportunities to obtain employment and to increase employability.

To provide for student attainment of entry-level competence, the curriculum includes but is not be limited to, the following:

1. Communication

~~Courses prepare the graduate to communicate with patients and other health care professionals. Content is designed to prepare the student to perform crucial listening techniques, body language, and verbal skills for better overall communication. Course content also prepares the graduate to express logical ideas in writing, and understand how diversity influences communication.~~

Graduates will be able to:

- a. Assess ~~therapeutic~~ communication ~~levels, lengths, and depths for based on~~ specific audiences.
- b. Assess the listener's comprehension of the message conveyed.
- c. Formulate written communications that utilize proper grammar, punctuation, and spelling.
- ~~d. Utilize listening skills and behavioral observation during the performance of the job.~~
- e.d. _____ Demonstrate verbal techniques that influence perception and enhance listening.
- f.e. _____—Describe and employ methods for bridging communication gaps for non-English speakers or those whose listening abilities are impaired
- f. Practice knowledge of interpersonal skills to enhance working relationships.
- g. Exhibit an understanding of diversity (e.g., culture, religion, race, age, gender, sexual orientation, disability, or other special needs, and economic status) and the ways that diversity influences language and communication

2. Professional ~~s~~Skills and ~~Ethical—ethical Behavior—behavior~~ for the ~~Dental—dental Assistant~~assistant

~~Course content prepares the graduate to deal with workplace issues in a professional manner. Focus is placed on attitudes, values and beliefs that lead to sound ethical behaviors. Graduates are prepared to take personal responsibility for quality patient care, and to project a professional image to the public. Skills are developed for effective interpersonal relationships with other health care professionals, as well as for problem solving and work management.~~

Graduates will be able to:

- a. Define “professional behavior,” and explain its importance for dental assisting practice.
- b. Describe and employ appropriate attire and personal hygiene practices.
- c. Use self-control and negotiation skills to resolve conflicts.
- d. Explain the importance of teamwork and consensus-building for successful dental assisting practice.
- e. Practice knowledge of interpersonal skills to enhance working relationships.
- f. Comprehend small-group dynamics and how they affect dental assisting practice.
- g. Use techniques for quality assurance to enhance patient care.
- h. Practice a caring attitude and express compassion in all patient interactions.

- i. List and describe potential ethical scenarios that may arise during dental assisting practice.
- j. Define the term “ethics,” and explain its importance for dental assisting practice.
- k. Safeguard patient confidentiality through ethical and legal practices, and identify and apply all HIPAA guidelines for dental assisting practice

3. Clinical sSciences

~~Clinical science courses prepare the student for preclinical and clinical experiences. Students demonstrate competence in performance of the procedures that they will perform in the clinical setting. Competencies in the clinical skills listed below each subject area are attained by graduates for entry level practice. Course development requires that learning strategies for these graduate competencies be imbedded throughout the curriculum to achieve maximum effectiveness.~~

Graduates will be able to:

- a. Employ crucial problem-solving skills for work-related problems.
- b. Practice critical thinking to effect workplace solutions.
- c. Comprehend and employ evidence-based techniques for workplace decisions.
- d. Practice the ability for self-assessment and correct problems that are identified.
- e. Promote practices for good health, and communicate these practices to patients.
- f. Comprehend and practice principles and procedures for patient safety.
- g. Compare and contrast the state laws and regulations that affect the practice of the dental assistant.
- h. Compare and contrast how state laws and regulations affect the delegation of duties by the dentist to the dental assistant
- i. List and describe the various print and electronic resources that the dental assistant can utilize to stay current for practice
- j. Demonstrate an understanding of the core competencies for Interprofessional Collaborative Practice i.e. values/ethics; roles/responsibilities; interprofessional communication; teamwork

4. Business oOffice pProcedures

~~Course content prepares the graduate to manage telephone queries, appointments, supply inventory, insurance reimbursement, and office finances. In addition, the graduate operates computers, and other office equipment, and current technologies accesses the Internet, and constructs emails for transmission of radiographic studies.~~

Graduates will be able to:

- a. Assess the importance of accurate patient treatment record maintenance
- ~~a.b.~~ Handle office appointments in a professional manner.
- ~~b.c.~~ Handle telephone and electronic queries in a professional manner.
- ~~e.d.~~ Perform word processing on a computer.
- ~~d.e.~~ Operate copiers, printers, and fax machinesoffice equipment
- e.f. Access the Internet to assemble informationUtilize current trends in technology for communication and outreach.
- ~~f.g.~~ Construct, send, and receive emailsDefine and demonstrate professional verbal and written communication in the work place
- h. Identify dental office marketing opportunities (e.g., newsletters, websites, social media, etc.)
- ~~g.i.~~ Identify and analyze patient confidentiality issues involving the collection and transmission of data.
- ~~h.j.~~ Maintain inventory supply levels.

5. Infection and hazard control

~~Course content prepares the graduate to manage infection and hazard control procedures according to published OSHA mandated professional guidelines. Course content includes concepts of hand washing, personal protective barrier placement, surface barriers, disinfection, ultrasonic cleaning, hazardous waste~~

~~management, gloving techniques, sterilizing equipment, sterilization of instruments, biological monitoring, and sharps and handling.~~

Graduates will be able to:

- a. Comprehend and perform all relevant hand washing techniques-
- b. Recognize the need for and demonstrate the use of personal protective barriers, and perform their placement
- c. Recognize the need for and demonstrate the use of surface barriers, ~~and perform their placement.~~
- d. Differentiate between sterilization and disinfection-
- e. Understand and perform disinfection procedures and techniques-
- f. Define ultrasonic cleaning and utilize ultrasound cleaning techniques
- g. Utilize procedures for soaking of instruments-
- h. Practice OSHA-approved techniques for hazardous waste management-
- i. Perform gloving techniques according to established procedures-
- j. Operate sterilizing equipment according to manufacturer's guidelines-
- k. Assemble and prepare instruments for sterilization-
- l. Utilize biological indicators to monitor autoclave effectiveness-
- m. Utilize radiographic monitoring devices and understand their importance-
- ~~m-n.~~ Handle all sharps (needles and blades) according to established procedures-

6. Clinical equipment function and maintenance

~~Course content prepares the graduate to operate and maintain dental equipment utilized in the clinical setting.~~

Graduates will be able to:

- a. Identify and control the various functions for dental equipment in a clinical setting-
- b. Operate dental equipment according to manufacturer's guidelines and institutional policy-
- c. Perform regular maintenance for dental equipment according to manufacturer's guidelines and institutional policy-

7. Ergonomics for the dental ~~team~~ setting

~~Course content prepares the graduate to comprehend ergonomic positioning of the dental team, and to prevent injury caused by repetitive motions. In addition, procedures for patient seating and dismissal, including those with special needs, are emphasized.~~

Graduates will be able to:

- a. Describe and understand the importance of ergonomic positioning for the dental team-
- b. Utilize accepted techniques for prevention of repetitive motion injuries-
- c. Seat and dismiss patients for dental procedures-
- d. ~~Assess the needs of patients with disabilities (and other special needs), and seat and dismiss them accordingly~~Identify the needs of all patients, including those with disabilities (and other special needs), and provide assistance accordingly

8. Medical/dental histories and vital signs

~~Course content prepares the graduate to assemble and record medical and dental histories, and understand their relevance to treatment and overall health care. Graduates are also prepared to obtain vital signs and understand differences between normal and abnormal readings.~~

Graduates will be able to:

- a. Comprehend the relevance of medical and dental histories to treatment

- ~~a.b.~~ Assemble and record the medical and dental history of the patient including any medications taken, and report areas of concern to the dentist
- ~~b.~~ Comprehend the relevance of medical and dental histories to treatment.
- c. Obtain and document readings for body temperature, pulse rate, respiration rate, and blood pressure.
- ~~d.~~ Compare and contrast the normal/abnormal readings of each of the vital signs
- ~~d.e.~~ Assess and document the patient's level of pain.
- ~~e.~~ Compare and contrast the normal readings of each of the vital signs, and understand deviations from the norm.
- ~~f.~~ Notify the dentist of any deviation from the normal readings of any of the vital signs.

9. Instruments, tray set-ups, transfer methods

~~Course content prepares the graduate to handle transfer dental instruments, and to understand their functions and parts. In addition, graduates are prepared to transfer mixed materials, select instruments for tray set-ups, and utilize the various grasps for each instrument.~~

Graduates will be able to:

- a. Identify the name, ~~and~~ parts, and use of each dental instrument.
- b. Recognize the function and use of each dental instrument.
- ~~e.~~ Describe and select the component parts of an instrument and its use.
- ~~d.c.~~ Select instruments and demonstrate proper placement for a tray-set up for any given dental procedure.
- ~~e.d.~~ Utilize the various grasps for all dental instruments.
- ~~f.e.~~ Transfer of mixed materials, instruments, and other items using four or six handed dentistry

10. Oral illumination

~~Course content prepares the graduate to understand the functions and operation of dental lights, and to position them for optimal illumination of the oral cavity during all chairside procedures.~~

Graduates will be able to:

- a. Describe and understand the functions of dental lights.
- b. Operate and maintain dental lights.
- c. Position dental lights for optimal illumination of the oral cavity for all chairside procedures.

11. Tissue retraction and oral evacuation (as permissible by state law)

~~Course content prepares the graduate to retract tissue utilizing a high velocity suctionevacuator, and to place the saliva ejector for maintenance of a dry field. In addition, graduates are prepared to protect patient's oral tissues and prevent aspiration of unwanted objects.~~

Graduates will be able to:

- a. Understand and apply methods of tissue retraction, including retraction with a high velocity suctionevacuator
- ~~b.~~ Place the saliva ejector for maintenance of a dry field Utilize methods to protect the patient's oral tissue
- c. Assess the need for protection of the patient's oral tissues, and apply methods to prevent damage.
- d. Assess the dangers of aspiration during dental procedures, and apply methods to prevent aspiration of unwanted objects

12. Isolation methods

~~Course content prepares the graduate to place and remove dental dams and moisture control items, and cotton rolls, and to assemble the armamentarium for dental dam placement. An understanding of the functions, uses, and necessities for dental dams and cotton rolls is emphasized.~~

Graduates will be able to:

- a. Comprehend and describe the functions and uses of dental dams-
- ~~b. Assemble a dental dam tray for placement-~~
- ~~c. Place and remove dental dam-~~
- ~~b.d. Comprehend and describe the functions and uses of cotton rolls and other isolation and moisture control items~~
- ~~e. Place and remove dental dams-~~
- ~~d.e. Place and remove cotton rolls and other moisture-control items-~~
- ~~e. Define the term “armamentarium as it applies to the practice of dentistry.”~~
- ~~f. Assemble an armamentarium for placement of a dental dam-~~

13. Chairside instrumentation and materials for restorative procedures

~~Course content prepares the graduate to understand the functions, and parts, and uses of restorative instruments, hand-cutting instruments, burs, abrasion rotary instruments, and preset trays and tubs. In addition, the graduate is prepared to understand identifies cavity nomenclature classifications, and to prepares and for the remove removal of caries prior to and placing placement of a restoration.~~

Graduates will be able to:

- ~~a. List and d~~Describe the functions, parts, and uses of various restorative instruments ~~and their parts.~~
- ~~b. Describe the function and manipulation of various chairside materials~~
- ~~b.c. Describe and comprehend~~ the function of all types of hand cutting instruments-
- ~~e.d. List and describe~~ Explain the names, numbers, and functions of burs-
- ~~d.e. Know and e~~Comprehend the function of abrasion rotary instruments-
- ~~e.f. Know and e~~Comprehend the function of preset trays and tubs-
- ~~f.g. Describe and understand~~ cavity nomenclature classifications
- ~~h. Describe~~ List the steps necessary for removal of caries prior to placing placement of a restoration
- ~~i. Assess and recognize the indications for fluoride use and proper placement in accordance with state law, and administer to the patient when necessary~~
- ~~j. Describe the steps in obtaining virtual impressions to send to the dental laboratory~~
- ~~g.k. Research and describe the uses of laser and air-abrasion techniques in dentistry~~

14. Dental charting

~~Course content prepares the graduate to understand cavity classifications and oral conditions using Universal, Federation Dentaire Internationale, and Palmer numbering systems. The graduate is able to use common abbreviations for cavities, dental charting terminology, and color indicators and charting symbols. In addition, the graduate is able to demonstrate the skills necessary to use paper and electronic charting.~~

Graduates will be able to:

- ~~a. Compare and contrast~~ Identify cavity classifications-
- ~~b. List and describe~~ Demonstrate knowledge of ~~Describe~~ oral conditions using Universal, Federation Dentaire Internationale, and Palmer numbering systems ~~and their charting.~~
- ~~c. Demonstrate skills in completing paper and electronic charting using appropriate terminology-~~
- ~~e.d. List and describe~~ Utilize common abbreviations for simple, compound, and complex cavities
- ~~d. Employ appropriate terminology for basic dental charting-~~
- e. List and describe color indicators and charting symbols-

15. Laboratory/pre-clinical

~~Course content prepares graduates with the skills necessary for impressions, study models, bite registrations, polishing removable appliances, fabricating mouth guards, as well as creating a variety of temporary crowns, and custom/whitening trays.~~

Graduates will be able to:

- ~~a. Describe the function and manipulation of various laboratory materials~~
- ~~b. Demonstrate the use of laboratory materials in taking an impression, and pouring and trimming a study-model for diagnostic purposes~~
- ~~c. Obtain accurate bite-registration~~
- ~~d. Polish removable appliances~~
- ~~e. Fabricate a mouth-guard~~
- ~~f. Create temporary crowns using a variety of materials~~
- ~~g. Fabricate custom and whitening trays~~
- ~~h. Research Computer Aided Manufacturing of fixed prosthodontics and identify steps for completion and care of equipment~~

156. Pain management

~~Course content prepares the graduate to recognize the patient's symptoms of pain and anxiety, and assist the dentist in their management. Injection sites, syringes, trays, and types of local anesthetics are covered, as are the various complications that can arise during anesthesia.~~

Graduates will be able to:

- ~~a. Recognize and describe the symptoms associated with pain and anxiety-~~
- ~~b. Describe the methods for treatment of pain and anxiety during a chairside procedure-~~
- ~~c. Explain ~~and comprehend~~ the method for placement of topical anesthetics in accordance with state law~~
- ~~d. Compare and contrast the types, indications, and contraindications of local anesthetics-~~
- ~~e. Describe the components and functions of the anesthetic syringe-~~
- ~~f. Assemble an anesthetic tray-~~
- ~~g. Locate and describe the sites for maxillary and mandibular arch injections-~~
- ~~h. Compare and contrast the supplemental techniques for anesthetic administration-~~
- ~~i. Explain the need and method for nitrous oxide administration, and methods for monitoring its administration~~
- ~~j. List and describe the treatment for and recognition of complications arising from anesthesia administration~~

167. Patient management and care procedures

~~Course content prepares the graduate to prepare the patient for seating and dismissal, the patient, and present the patient with oral health and postoperative instructions provide the information on oral health, and pre and postoperative instructions. The graduate is also learns prepared to maintain accurate patient treatment records and perform their duties for emergencies.~~

Graduates will be able to:

- ~~a. Prepare the patient for dental operatory seating and dismissal~~ Seat and dismiss the patient-
- ~~b. Assess and recognize the indications for oral health instruction ~~in accordance with state law~~, and ~~instruct-educate~~ the patient when necessary~~
- ~~c. Assess and recognize the indications for pre- and postoperative instructions, and administer to the patient when necessary~~ when necessary-
- ~~d. Assess and recognize the indications for fluoride use and proper placement in accordance with state law, and administer to the patient when necessary-~~
- ~~e. Assess the importance of accurate patient treatment record maintenance-~~

~~f. Explain the dental assistant's role for medical and dental emergencies.~~

178. Dentistry ethics and jurisprudence

~~Course content prepares the graduate to understand the legal and ethical aspects of dentistry practice, and to apply the professional responsibilities prescribed by the *American Dental Assistants' Association Principles and Ethics*.~~

Graduates will be able to:

- a. List and describe the legal aspects of dentistry.
- b. Compare and contrast the ethical aspects of dentistry.
- c. Describe the professional responsibilities as required in the *American Dental Assistants' Association Principles and Ethics*
- d. Recognize and explain the signs that may compromise the dental assistant's ethics or professionalism

~~3. **Pre-Clinical Dental Assisting**~~

~~Preclinical dental assisting is a fundamental course in dental assisting education, designed to provide a foundation for skills application. These curricular elements now focus on the practical application of specific skills necessary to perform as a professional dental assistant. Additional course content for pre-clinical dental assisting include ergonomics, illumination, armamentarium, and tissue retraction, which are covered in previous courses, but may be applied to this section.~~

~~Graduates will be able to:~~

- ~~a. Understand and apply the techniques for four handed or six handed dentistry.~~
- ~~b. Explain the methods for oral evacuation and apply them.~~
- ~~c. Define the term "operator maintenance" as it applies to dentistry, and apply the methods necessary for achievement.~~

19. Dental Sciences

~~Knowledge of dental sciences is integrated with dental materials, oral anatomy, infection control, and medical/dental emergencies. It is preferable that dental assisting students be concurrently enrolled in oral anatomy and introduction to dentistry during the presentation of the preclinical skills application.~~

a. Anatomy and Physiology of the Oral Cavity

Proper practice of dental assisting requires in-depth knowledge of the anatomy and physiology of the oral cavity. In addition, an understanding of basic pathology requires knowledge of normal anatomy and physiology

b. Pharmacology of the Oral Cavity

~~Courses emphasize drugs relevant to the practice of dentistry. Courses prepare graduates to demonstrate knowledge of drug classifications, prescription writing, and use of the *Physician's Desk Reference*.~~

Aspects include modes of administration, mechanisms of action, biotransformation, excretion, drug interactions, and side effects.

c. Radiography of the Oral Cavity

Courses in radiography are designed to integrate theoretical and practical application of exposing and processing intra- and extra-oral radiographs. Graduates demonstrate knowledge of radiation safety measures and competency in producing radiographs in the laboratory on mannequins before they are allowed to take radiographs on patients, in accordance with state laws at clinical sites. Supervision and evaluation by faculty is essential for safety and proper instruction.

d. Microbiology

Courses in microbiology include basic principles of bacteriology, mycology, virology and immunology, with special emphasis on how they relate to the microbial flora of the oral cavity and to oral pathology. Concepts and methods of sterilization and disinfection are linked into concepts of microbiology.

e. Nutrition

Courses in nutrition consist of concepts for diet assessment in the oral cavity, and patient management for developing a comprehensive disease program to treat individual patients.

f. ~~Pathology of the Oral Cavity~~ Oral Pathology

Pathology courses integrate both basic and clinical sciences and applies the knowledge gained to the recognition and understanding of deviation from normal. An emphasis on clinical application includes an understanding of personal health and disease and its relation to optimal function. The components of oral and general pathology may be addressed in one core course or integrated into several courses throughout the curriculum. The depth and scope of the curriculum may vary based upon the influences of the program level and academic setting.

- 1) General Pathology: the nature of disease, its causes, its processes, and its effects, together with associated alterations of structure and function.
- 2) Oral Pathology: basic knowledge of etiology, pathogenesis, identification, and management of diseases which affect the oral and maxillofacial regions. ~~Basic knowledge in the above.~~
- 3) Interpret Diagnosis: the identification of a specific disease, including dental caries. Interpreting the diagnostics includes: clinical identification, radiographic interpretation, historical data (medical and dental), laboratory studies, surgical intervention, therapeutic application, and the differential diagnosis. (Note: only a dentist can diagnose.)
- 4) Environmental/Occupational Hazards: any use or handling of tissue specimens that may be included as part of course or clinical instruction related to oral pathology follow recommended CDC and OSHA guidelines.

20. BLS/First Aid

Graduates will be able to:

a. Obtain an accepted BLS or ACLS provider card prior to commencing clinical experience

DAILA.2. ~~An externship and/or internal~~ A clinical experience is required for completion of the program.

The following is considered in choosing, placing and maintaining externship site affiliations:

(a) Assignment

~~Externship sites~~ Clinical experiences include placement at a facility that performs various types of activities that will expose the student to the necessary skills required of the profession. Minimally the ~~externship-clinical experience~~ includes 300 clock hours. In all cases, the ~~externship-clinical~~ site used is properly approved and regulated.

(b) Activities

~~An externship includes assisting clinical staff members with daily tasks, while under the supervision of staff. Students are oriented to the facility and the daily routine of the facility. They initially observe activities and procedures and then begin performing tasks and procedures. As their~~

~~externship experience progresses, they move into more advanced tasks and procedures. Student case logs/check lists are maintained to ensure a variety of tasks performed.~~

A minimum of 60% of the time spent in the clinic or office is spent in assisting in general dentistry.

(c) Supervision

There is direct supervision of all students in the field while participating in an ~~externship~~ clinical experience. Programs clarify their role in how their students will be supervised, by whom and visited how often while at their ~~externship~~ site. There is clear and documented communication between the program and the clinical ~~externship~~ site.

If the program does not employ a supervisor on site, a qualified preceptor employed by the clinical ~~externship~~ site meeting the program supervision requirements described in Section B below for either supervisor or faculty qualifications, is responsible for such supervision. This individual possesses the necessary pedagogical knowledge and understands the program expectations.

~~————— The student is clearly in addition to the staff/team and not a substitution.~~

(d) Requirements for Completion

Upon completion of the clinical ~~externship~~ experience, students demonstrate entry-level proficiency in all areas of the curriculum. Students also fulfill requirements in accordance with distributions for general and specialty areas and level of complexity.

SECTION B – Program Supervision, Faculty, and Consultation

Subsection 1 – Supervision

DAII.B.1. The program supervisor possesses supervisory experience and is credentialed in the field.

A program supervisor:

- a. is a currently Certified or Registered Dental Assistant (CDA or RDA) or a licensed dentist, and is proficient in four-handed and/or six-handed dentistry principles;
- b. possesses a baccalaureate degree, ~~or is currently enrolled and making satisfactory progress toward completion of a baccalaureate program (by January 1, 2014, the program supervisor will have earned at least a baccalaureate degree);~~
- ~~c. Has a background in educational methods, testing and evaluation~~
- ~~d.~~ d. has experience in the field and as an educator, including administrative functions, in a dental assisting program; and,
- e. is sufficiently free from service and other non-educational duties to fulfill the educational and administrative requirements of the program.

A licensed dental hygienist who was appointed as a dental assisting program supervisor prior to July 1, 2010, is exempt from requirement (a) regarding credentialing in the dental assisting field provided he or she possesses occupational experience in the application of clinical chairside dental assisting involving fourhanded dentistry.

The responsibilities of the program supervisor include participation in:

- (a) Budget preparation
- (b) Fiscal administration
- (c) Curriculum development and coordination

- (d) Selection and recommendation of individuals for faculty appointment and promotion
- (e) Supervision and evaluation of faculty
- (f) Determining faculty teaching assignments
- (g) Determining admissions criteria and procedures
- (h) Planning and operating program facilities
- (i) Selection of extramural facilities and coordination of instruction in the facilities.
- (j) Assessment of facilities and equipment periodically in relation to current concepts of dental assisting and recommends appropriate modifications

Subsection 2 – Faculty and consultation

DAII.B.2. Faculty formal education/training and experience support the goals of the program.

- (a) ~~Preclinical and clinical faculty members~~All core instructorsfaculty are Certified Dental Assistants or Registered Dental Assistants (CDA or RDA), licensed by the state, as required, and possess current knowledge and experience in dental assisting. Faculty is proficient in didactic and clinical four-handed and/or six-handed dentistry. Faculty members who are dentists are not required to hold the CDA or RDA credential.
- (b) Faculty have an earned baccalaureate degree or be working toward completing a baccalaureate degree program in a timely manner.
- (c) The institution ensures faculty is experienced in educational methods, testing, and evaluation.
- (d) Faculty is aware of state requirements governing dental assisting programs, as applicable.

DAII.B.2.b. Faculty size/numbers support the goals of the program.

There is an adequate number of faculty to support student needs, including tutorial support. Supervision during laboratory instruction is defined as student to faculty ratio of no more than 12:1.

DAII.B.2.c. A program is served by an ~~individual consultant or~~ advisory board of program related specialists to assist administration and faculty in fulfilling stated educational objectives.

The program's advisory board consists of at least one current faculty member, a representative from the institution's administration, and at least one non-employee representative from each of the following communities of interest:

- i. program student
- ii. program graduate
- iii. dental assistant
- iv. licensed dentist
- v. the public (public member is to serve in the role of potential patient assessing continued public health and welfare)

An individual may not serve in more than one capacity.

SECTION C – Educational Facilities and Resources

DAII.C.1.a. *The institution's laboratory facilities are well stocked, sufficient in size, maintained, and include the following:*

- a. Student stations suitable to number of students
- b. Lighting, electrical outlets, ventilation and storage space
- c. Adequate lighting, electrical outlets, and storage space
- d. Adjustable chair
- e. Sinks and plaster control devices
- f. Adequate ventilation
- g. Sufficient number of lathes, model trimmers, and vibrators for proper instruction
- h. Sufficient variety of quality dental materials
- i. Power operated chairs
- j. Air and water syringes
- k. Dental units and mobile stools
- l. Adjustable dental light
- m. High and low speed handpieces
- n. Oral evacuating equipment
- o. Work surface for the assistant
- p. Sterilizing equipment and area for preparing, sterilizing, and storing instruments
- q. Sufficient number of dental radiography units that meet applicable regulations
- r. Sufficient number of teaching mannequins
- s. Sufficient number of view boxes and film-holding devices to accommodate several students
- t. Film developing devices or darkroom
- u. Individual radiation monitoring devices/dosimeters
- v. Lead apron with cervical collar

DAII.C.1.b. *Equipment and instruments are available within the institution's laboratory facility to achieve the program's goals and objectives. Instruments include, but are not limited to, the following types:*

- a. Diagnostic
- b. Surgical
- c. Operative
- d. Periodontal
- e. Orthodontic
- f. Endodontic
- g. Pediatric
- h. Prosthodontics (removable and fixed)

Supplies, equipment, and instrumentation for laboratory instruction reflects actual clinical experiences and support class size.

DAII.C.1.c. *The institution's laboratory facilities are readily available for students to develop required skills with faculty supervision.*

Radiography facilities are available for students to develop required skills with faculty supervision. Each is sufficient to accommodate instruction and practice in exposing and processing radiographs. Student to radiography machine ratio does not exceed 5:1.

DAII.C.1.d *Clinical treatment areas are sufficient in size to accommodate an operator, patient, student, and faculty member during instruction.*

DAII.C.1.e. Infectious disease and radiation management policies are provided to all students, faculty, and appropriate support staff and continuously monitored for compliance.

Programs document compliance with institutional policy and applicable local, state, and federal regulations that include, but are not limited to hazardous materials and blood borne and infectious diseases. Additionally, policies on blood borne and infectious diseases are made available to applicants for admission and patients. Radiation protection and monitoring devices are available for each student.

~~***DAII.C.1.f. Adequate lecture classrooms exist with a chair and desk for each student.***~~

Please note, track changes were not entirely utilized in Chapter VIII – PHT (Pharmacy Technician) standard PHT.A.1. as the standard was rearranged to place the competencies into the ten major categories of the credentialing exam. Competencies that were moved are followed by green lettering noting the location of that competency in the current version of the *Accreditation Manual*. New competencies are noted with (NEW).

CHAPTER VIII – PHT PROGRAM EVALUATION STANDARDS FOR PHARMACY ~~TECHNICIAN~~TECHNOLOGY

The Accrediting Bureau of Health Education Schools (ABHES) does not programmatically accredit pharmacy technician programs, but as an institutional accrediting agency, includes this program within an institution's grant of accreditation. The pharmacy technician program offered at an ABHES-accredited institution must comply with all policies, procedures, and standards described throughout the *Accreditation Manual*, including the general evaluation standards applicable to all institutions (Chapter IV), the standards applicable to all programs offered (Chapter V). In addition, degree-granting programs must comply with Chapter VI. ~~degree standards (Chapter VI), as applicable, and appendices.~~ This chapter contains additional specific accreditation requirements for a pharmacy technician program.

~~Accordingly, every Self-Evaluation Report (SER), institutional site visit, and Site Visitation Report evaluates each program individually against all ABHES accreditation standards. A program specialist is used to evaluate each individual program offered by an institution. Individual programs that do not demonstrate compliance with the standards, policies, and procedures set forth in the Accreditation Manual may be excluded from the institution's grant of accreditation or may cause the institution's accreditation to face adverse action.~~

For purposes of this chapter, a pharmacy technician program includes any additional programs identified by any other name or designation that is reasonably understood by professionals in the field, students, or the public to have the same meaning. This chapter is equally applicable to any educational program offered by the institution that intends to prepare graduates for employment based on the knowledge and skills set forth in this chapter.

DESCRIPTION OF THE PROFESSION

The general responsibilities of the pharmacy technician are to assist pharmacists in processing prescriptions and maintaining the pharmacy department. A pharmacy technician possesses abilities to identify, measure, and supply pharmaceutical products that have been ordered by a prescriber. Duties for the pharmacy technician may vary depending upon the type of facility in which they are employed, as well as federal and state laws and regulations that define pharmacy technician practice. For example, pharmacy technicians who work in hospital pharmacies perform different tasks than those who work in community or retail pharmacies or other environments. However, common duties (performed under the supervision of a licensed pharmacist) most likely include:

- ~~Processing~~ Processing ~~prescription orders.~~
- Receiving written, faxed, and electronic prescriptions and verifying that information required on a prescription is accurate and complete.
- Adjudication and handling third-party rejected claims.
- Updating patient profile information in a computerized database.
- Filing written prescription orders after prescriptions are dispensed.

- Understanding legal limitations on the work they perform in the pharmacy setting.
- Face-to-face customer service
- Answering the telephone.
- Maintaining and stocking medications.
- Triaging medication.
- Assisting with MTM duties.
- Sterile and non-sterile compounding.
- Repackaging medications.
- Maintaining clean, safe working environment compliant with state board pharmacy regulations.

CREDENTIALING

~~Pharmacy technicians are expected to identify those who may require counseling and refer them to the licensed pharmacist for the necessary assistance related medication management.~~

Certification for pharmacy technicians is required for employment in a majority of states, and many states require a pharmacy technician to register with their respective state board of pharmacy.

Credentialing as a pharmacy technician is encouraged for graduates of ~~programs within institutions accredited by~~ ABHES-accredited programs. Programs are expected to prepare students in necessary aspects of the curriculum included in the national credentialing examinations that are available in this field of study.

SECTION A – Curriculum, Competencies, Clinical Experience

PHT.A.1. *The depth and breadth of the program’s curriculum enables graduates to acquire the knowledge and competencies necessary to become an entry-level professional in the pharmacy technician field.*

Competencies required for successful completion of the program are delineated, and the curriculum ensures achievement of these entry-level competencies through coursework and skills training. Focus is placed on credentialing requirements and opportunities to obtain employment and to increase employability.

To provide for student attainment of entry-level competencies, the program curriculum includes, but not necessarily be limited to, the following:

A. Medication, Order-entry, and Fill Process

Graduates will be able to:

1. Explain the purpose and structure of a Drug Utilization Evaluation (formerly DUR) and collect pertinent information for use by the pharmacist (J11) (H8)
2. Describe and understand the federal and state laws and regulations associated with the receipt, screening, transcribing or interpreting, and delegation of prescription/medication orders (L1)
3. Describe and understand federal and state laws controlling the substitution of pharmaceuticals- (M3)
4. Receive telephone, electronic, and faxed prescriptions from prescribers (L2)
5. Assess prescription/medication orders for completeness (L3)
6. Assemble patient information materials following established procedures, and describe how they contribute to better patient care (M16)
7. Identify the types of written information that would be placed into product packages (M17)
8. Record bulk, unit dose, and special dose medication preparation according to established procedures, and explain why accurate documentation is so important (M19)
9. Define “NDC number” and explain its function (M4)
10. List and describe the components of a complete prescription/medication order (L4)
11. Translate abbreviated instructions for medication use into full wording (L5)
12. Explain the methods for retrieving missing pieces of information in a prescription/medication order (L6)
13. Screen prescription/medication orders for authenticity (L7)
14. Assist in the administration of selected immunizations (Q6)
15. Identify the schedule for controlled substances (L8)
16. Recognize who has prescribing authority as well as the medications within that prescriber’s discipline (L9)
17. Verify a prescriber’s DEA number according to established procedures via the Drug Enforcement Administration (L10)
18. Detect forged or altered prescriptions according to established procedures (L11)
19. Alert the pharmacist to potential illegitimate or inappropriate prescription/medication orders or refills- (L12)
20. Communicate to patients that they will receive counseling by the pharmacist for new prescriptions; patient may decline counseling (R3)
21. Identify situations when screening prescription refills and renewals when the pharmacy technician should notify the pharmacist- (L13)
22. Identify prescription orders where the medication being prescribed is beyond the realm of the prescriber’s practice- (L14)
23. Transcribe common pharmacy abbreviations- (L15)

24. Explain the term investigational drug product, what it means to a pharmacy technician, and the role the pharmacy plays in dispensing investigational drugs- (W1)
25. Compare and contrast the types of systems for medication distribution- (Q1)
26. Record medication distribution of controlled substances according to established policies and procedures- (Q3)
27. Demonstrate the prescription fill process across pharmacy modalities- (NEW)
28. Review and process orders- (B1)
29. Utilize the metric system- (M1)
30. Input prescription/medication order information into the designated system using metric measures- (M25)
31. Secure inventory from a site's storage system (M5)

B. Medication Safety

Graduates will be able to:

1. Explain the methods utilized for the direction and prevention of medication errors in the pharmacy and the role of the pharmacy technician- (B4)
2. ~~Understand~~ Explain how to report a medication error to ISMP, MERP, or FDA MedWatch. (B5)
3. Demonstrate knowledge of error-prone abbreviations (NEW)
4. Describe the daily practices of a pharmacy technician that contribute to prevention of medication errors, and explain how the pharmacy technician contributes to these practices- (S1) (N13)
5. List and describe the daily tasks that require special attention to accuracy for prevention of medication errors- (S2)
6. Describe ~~and understand~~ the ways that automation and information technology contribute to reduction of medication errors, and also the ways that they can potentially contribute to medication errors- (S3)
7. List and describe the global and local procedures for reporting medication errors- (S4)
8. Determine the presence of a clinically significant adverse drug event (ADE) and contribute to formulation of a strategy for preventing a recurrence- (S5)
9. Practice principles and procedures for safety when preparing all medications- (S6)
10. Explain why patient counseling is necessary, and why it is important for patient safety- (R1)

C. Leadership Skills and Communication

Graduates will be able to:

1. Utilize patient interviewing techniques and effectively query other health care professionals to collect pertinent patient information- (J8)
2. Identify situations when reviewing patient-specific information that require the attention of the pharmacist- (J10)
3. Use effective strategies for communication with patients of a diverse population- (G7) (G8)
4. Demonstrate skill in the use of the internet, e-mail services and computerized medication information services- (I16)
5. Organize and sequentially formulate logical ideas verbally and in writing- (G1)
6. Assess appropriate communication levels, lengths, and depths for specific audiences- (G2)
7. Assess the listener's comprehension of the message conveyed- (G3)
8. Formulate written professional or workplace communications ~~that~~ which utilize proper grammar, punctuation, and spelling- (G4)
9. Exhibit effective listening skills and body language during the performance of the job- (G5)
10. Exhibit verbal techniques ~~that~~ which influence perception and enhance listening- (G6)
11. Exhibit an understanding of diversity (e.g., culture, religion, race, age, gender, sexual orientation, disability, economic status) and the ways that this understanding influence health care decisions- (G7)

12. Describe methods for bridging communication gaps for non-English speakers or those whose listening abilities are impaired- (G8) (R4)
13. Utilize effective listening skills in performing job functions- (G9)
14. Define “professional behavior,” and explain its importance for pharmacy technician practice- (C1)
15. Define the term “ethics,” and explain its importance for pharmacy technician practice- (C2)
16. List and describe potential ethical scenarios that may arise during pharmacy technician practice- (C3)
17. Describe appropriate attire and personal hygiene practices for the pharmacy technician- (C4)
18. ~~Use-Utilize~~ self-control and negotiation skills to resolve conflicts- (C5)
19. List and describe the various print and electronic resources that the pharmacy technician can utilize to stay current for practice- (C6)
20. Utilize sound problem-solving skills for work related problems- (C7)
21. Explain the importance of teamwork and consensus-building for successful pharmacy practice- (C8)
22. Practice knowledge of interpersonal skills to enhance working relationships- (C9)
23. Demonstrate an understanding of the core competencies for Interprofessional Collaborative Practice i.e. values/ethics; roles/responsibilities; interprofessional communication; teamwork (NEW)
24. Describe interdepartmental relationships and techniques to enhance communication and collaboration- (C10)
25. ~~Understand-Explain~~ small-group dynamics and how they affect pharmacy practice- (C11)
26. ~~Use-Utilize~~ stress-relief strategies to enhance pharmacy practice- (C12)
27. ~~Use-Utilize~~ techniques for quality assurance to enhance patient care- (C13)
28. Safeguard patient confidentiality through ethical and legal practices, and understand and apply all federal guidelines for pharmacy practice- (C14)
29. Practice a caring attitude and express compassion in all patient interactions- (C15)
30. ~~Understand-Explain~~ workflow management and apply this knowledge for responsible job performance- (C16)

D. Pharmacology

Graduates will be able to:

1. List and describe the systems of the body and identify the organs in each system- (E1)
2. Describe the fundamental elements that are used to build medical words- (E2)
3. Identify and define abbreviations pertinent to anatomy and pharmacy practice- (E3)
4. Demonstrate knowledge of medications used to treat body systems- (E4 revised)
5. Define the terms that describe the body and its structural units- (E5)
6. Describe and understand the basic anatomy and physiology of each system- (F2)
7. Define the medical terms and accepted abbreviations commonly associated with each physiologic-system (F1)
8. Differentiate between the prescription and non-prescription medications commonly used to treat diseases affecting each physiologic system, as well as their therapeutic and adverse effects- (F4)
9. Differentiate between the brand, and generic names, common doses and dosage forms, and routes of administration for prescription and nonprescription medications commonly used to treat diseases of each system- (F5)
10. ~~Understand-Identify~~ the adverse effects of each medication class- (F6)
11. Describe ~~and-understand~~ the role of the Federal Drug Administration in the regulation of herbal products and dietary supplements- (F7)
12. Compare and contrast “tolerance” and “physical dependence-” (K14)

E. Computer Technology

Graduates will be able to:

1. Operate database systems for maintaining information, and to collect information for evaluation- (U5)

2. Explain how to update and maintain information systems for price updates and report generation- (H11)
3. Demonstrate knowledge of electronic compendium specific to drug and pharmacy operation- (I1-revised language)
4. Create a new patient profile or modify an existing profile according to established procedures- (I2)
5. Describe and utilize the information that is contained in each section of a patient profile or record- (I3) (I4)
6. Explain the impact of accurate data collection and entry- (I8)
7. Demonstrate a usage of pharmacy software for storing; retrieving and using pharmacy-related information (for example, drug interactions, profiles, generating labels- (I10)
8. ~~Utilize Pharmacy~~pharmacy-related computer applications for documenting the dispensing of prescriptions or medication orders_(e.g. maintaining the electronic record, patient adherence, risk factors, alcohol drug use, drug allergies, side effects)- (I11)
9. Demonstrate the usage of pharmacy-related software for dispensing prescriptions and medication orders- (I12)
10. Explain the characteristics of a typical database used to support the pharmacy functions of the acute and non-acute care practice environment- (I13) (I14)
11. Describe the importance of health information systems for pharmacy practice activities, and how they facilitate effective decision making for patient care- (I15)
12. Demonstrate skill in the use of the internet, e-mail services, and computerized medication information databases- (I16) (Q5) (J17)
13. Explain currently emerging technologies that may impact the practice of pharmacy- (I17)
14. ~~Gather-Collect~~ pertinent patient information for use by the pharmacist from the patient, other medical professionals- (H1) (J1)
15. Describe and understand the purposes for the collection of patient-specific information- (H2) (J2)
16. Create a new patient profile or modify an existing profile according to established procedures- (J5)
17. Produce pharmacy productivity reports- (new)
18. Compare and contrast the several currently used pharmacy productivity measurement systems, and explain the roles of the pharmacy technician for their establishment and maintenance- (H9) (J13)
19. Describe the importance of health information systems for pharmacy practice activities, and how they facilitate effective decision making for patient care- (J14)
20. Describe the typical pharmacy database and its primary functions- (J15)
21. Demonstrate the ability to use word processing techniques, construct spreadsheets, and input and manipulate data in a database- (J16)
22. Utilize computerized medication information databases- (J18)
23. Recognize and ~~analyze-practice~~ patient confidentiality ~~situations in pharmacy practice~~- (J19)
24. Identify and analyze patient confidentiality issues involving the collection and transmission of data- (J20)

F. Sterile and Non-Sterile Compounding

Graduates will be able to:

1. List and describe federal and state laws and regulations governing the technician's role in compounding of sterile products- (O6)
2. Differentiate between sterile and non-sterile compounding- (O2)
3. ~~Assemble-Collect~~ the medications and supplies necessary for sterile compounding (O1)
4. Calibrate and operate commonly used compounding equipment- (V9)
5. Operate common pharmaceutical measurement and weighing devices- (M8)
6. Perform accurate conversions among measurement systems- (M9)
7. Follow safety policies and procedures in the preparation of all medications (M28)
8. Prepare medications utilizing established policies and procedures for safety- (M10)

9. Dispose of hazardous and nonhazardous wastes following established safety protocols- (M11)
10. Manually package products using the correct type and size of container- (M12)
11. Explain why container size and type is important for pharmaceutical packaging, and describe the containers that are available to choose from (including those for the elderly, physically impaired, and very young)- (M13)
12. List the required elements for a prescription product label, and explain the importance of accuracy for label generation- (M14)
13. Delineate between categories of medications that require auxiliary labels- (M15)
14. Follow safety policies and procedures in the preparation of all medications with special consideration given to cytotoxic and hazardous medications- (M29) (P6) (P7)
15. Define non-sterile or extemporaneous compounding, and explain why certain medications require compounding- (N1)
16. ~~Accurately assemble~~ Collect the correct ingredients and determine the correct amounts for non-sterile products that require compounding- (N2)
17. ~~Perform the necessary steps to solve~~ Solve mathematical problems involving the following: (N3)
 - a. Roman numerals, Arabic numerals, fractions, apothecary symbols, and decimals
 - b. Weights and measures and direct ratio and proportion
 - c. Reducing and enlarging formulas
 - d. Percent strength, weight-in-volume, weight-in-weight, and volume-in-volume
 - e. Ratio strength calculations for pharmaceutical preparations
 - f. Dilution and concentration
 - g. The alligation method
 - h. Milliequivalents
 - i. Compounded products that require an overfill (solve for a correct answer for volume to be added)-
18. Compound non-sterile dosage forms and explain the reason for each step- (N4)
19. Compound cytotoxic and other hazardous medication products and explain the reasons for each step- (P1)
20. Define “incompatible” in the context of compounding-
21. ~~and e~~ Explain how incompatibilities it can be prevented when compounding nonsterile products- (N6)
22. Describe stability requirements for non-sterile medication products- (O8) (N9- changed)
23. Differentiate between household, apothecary, and avoirdupois systems- (N10)
24. Demonstrate Good Manufacturing Practices (GMP)- (N11)
25. ~~Assemble~~ Collect drug products and supplies necessary for compounding- (N2)
26. Demonstrate aseptic technique- (O10 revised)
27. Demonstrate proper technique utilizing equipment and devices necessary for compounding sterile products- (O4)
28. Describe storage requirements for compounded sterile products- (N9) (O7)
29. Describe storage requirements for cytotoxic and other hazardous medication products- (P3)
30. Differentiate between horizontal and vertical laminar flow hoods and a biological safety cabinet- (O9)
31. Compound hazardous medication products and explain the reasons for each step- (O5)
32. Demonstrate the ~~knowledge of~~ cleanup protocol for hazardous medication and product spills- (P4) (P5)
33. Define “hazardous waste”- (V1)
34. Define “infection control”- (V1)
35. Describe common pharmacy equipment used in compounding and dispensing- (V8)
36. List and describe federal and state regulations and institutional policies and procedures that control the handling of hazardous waste, sharps containers and infection control- (V5)
37. List and describe each policy and procedure for:
 - a) Sanitation management;
 - b) Hazardous waste handling;

- c) Infection control- (V2)
- 38. Describe the necessity for sanitation management in the pharmacy setting- (V3)
- 39. Clean laminar flow and biological safety cabinets according to established protocols and explain the reason for each step- (V6)

G. Billing and Reimbursement

Graduates will be able to:

1. List and describe the various forms of payment for a prescription/medication order- (T1)
2. Explain the type of data collected, transmitted and stored by pharmacy information systems- (I7)
3. Explain the purpose and use of a formulary- (T3)
4. Define “fraud”, “waste”, and “abuse” and know how to report (NEW)
5. ~~Use~~ Utilize interview strategies to secure incomplete patient-specific information from new patients- (T2)
6. Notify the pharmacist when screening of an order reveals that a non-formulary medication has for third party coverage: (T4)
 - a. Operate electronic systems for input and coverage verification-
 - b. Verify by phone (from a physician if permitted by state law or from the patient for drug refill orders)-
 - c. Identify the reason for a rejected claim and convey the reason to the pharmacist and patient-
 - d. Explain responses that may cause distress to the patient and utilize techniques to diffuse emotional reactions-
7. Record receipt of payment- (T5)
8. Verify that third-party insurance covers specific medication orders- (T6)
9. Operate and maintain a cash register and describe how different forms of payment are entered- (T7)
10. ~~Understand~~ Demonstrate the use of departmental codes- (T8)
11. Make change for cash payments- (T9)
12. Compare and contrast pricing and billing systems for medication payments- (T10)
13. Describe how billing systems are used to track payments, and determine payment due for medication orders- (T11)
14. ~~Understand~~ Explain the impact of co-insurance, co-pays, and deductibles, including as it applies to Medicare and Medicaid on billing for prescriptions- (T12)
15. Collect outstanding 3rd Party Payments and resubmit claim if needed- (T13)
16. Adjudicate billing claims- (T14)
17. Identify those products that are taxable and nontaxable- (T15)

H. Direct Patient Care

Graduates will be able to:

1. Define ~~the term~~ direct patient care and discuss the role of the pharmacy technician in its delivery- (B2)
2. Identify situations, when reviewing patient-specific information, ~~that~~ which require the attention of the pharmacist- (H7)
3. ~~Recognize and analyze~~ Practice patient confidentiality- ~~situations in pharmacy practice~~ (H10)
4. Explain the importance of electronic devices and information systems for proper delivery of direct patient care- (V10)
5. Describe the role that complementary alternative medicine (Eastern medicine, homeopathy, herbs, and supplements) play in direct patient care, and list their therapeutic and adverse effects- (F3)
6. Describe the importance of monitoring for medication therapy- (U1)
7. ~~Understand~~ Demonstrate selected monitoring procedures, such as for blood pressure, radial pulse, glucose and cholesterol levels- (U2)

8. List and describe all necessary equipment and supplies for performance of selected procedures- (U3)
9. Provide proof of Healthcare Provider BLS certification. (NEW)
10. Assist the pharmacist in providing direct patient care in enhanced pharmacy services (NEW)

I. Inventory Management

Graduates will be able to:

1. Demonstrate knowledge of the legal requirements, policies, and procedures to secure inventory (NEW)
2. Describe the “want book” and how inventory to be ordered is identified- (K10)
3. List and describe purchasing procedures, including those required for atypical products and emergency orders- (K1)
4. ~~Purchase~~ Explain the process of ordering pharmaceuticals, devices, and supplies according to established protocols- (K2)
5. Explain the purpose and use of a formulary (M27)
6. List and describe methods of inventory control, and follow established policies and procedures for receiving goods- (K3)
7. Follow the manufacturer’s recommendations and/or the pharmacy’s guidelines for the storage of all medication prior to distribution- (M30)
8. List and describe each method necessary for handling back ordered medications- (K4)
9. Describe common reasons for discontinuing or recalling items, and differentiate between the different classes of drug recalls (Class I, Class II, and Class III)- (K5)
10. Remove expired, recalled, or discontinued inventory according to established policies and procedures, including automated machines- (K8)
11. Explain the importance of inventory documentation, as well as the maintenance of an adequate supply of pharmaceuticals- (K9)
12. Describe how an item that is unavailable through traditional routes can be procured- (K11)
13. Explain methods for communicating changes in product availability- (K12)
14. Explain the various methods for deterrence of theft or diversion of medication, and describe how it should be reported- (K13)
15. Maintain records for receipt, storage, and removal of controlled substances, and describe legal requirements- (K16)
16. Describe procedures for destruction of controlled substances- (K17)
17. ~~Understand~~ Assess design and function of pharmacy storage equipment, and describe how medications and devices are typically stored- (M6)

J. Pharmacy Law and Regulations

Graduates will be able to:

1. Describe the portions in OBRA’90 that dictate the pharmacist’s obligations for counseling patients- (M18)
2. ~~Understand~~ Explain the federal and state laws and regulations that control specific monitoring activities- (U4)
3. ~~Understand~~ Explain federal and state laws and regulations that prescribe the recording of the preparation of controlled substances- (M22)
4. Define “controlled substance.” (M20)
5. Explain why accurate documentation is essential to pharmacy operation (NEW)
6. Describe the differences between federal and state laws, regulations, and professional standards, and explain the importance of the pharmacy's compliance with each- (M23)
7. Explain federal and state laws governing substitution of medication products law/billing/fill- (M26)

8. List and describe federal and state regulations governing the technician's role in compounding of sterile and non-sterile products: (N5)
9. ~~Understand-Describe~~ the legal aspects for patient counseling as specified in OBRA '90 and in federal and state laws and regulations: (R2)
10. ~~Demonstrate-Comply with the knowledge of~~ United States Pharmacopoeia USP <795>: (N12)
11. ~~Understand-Comply with~~ USP <797> guidelines: (O10)
12. List and describe federal and state laws and regulations governing the technician's role in compounding of cytotoxic and other hazardous medication products: (P2)
13. List and explain the policies and procedures for recording the distribution of controlled substances: (Q2)

K. Quality Assurance

Graduates will be able to:

1. Define the term "quality assurance," and explain its importance for the pharmacy team: (A3)
2. List and describe methods for achieving and maintaining quality assurance, and the duties and of tasks the pharmacy technician that require quality assurance procedures: (A4)
3. Define calibration: (V9)
4. ~~Use-Utilize~~ established medication monitoring techniques to assure an accurate match with the prescription/medication order: (Q4)

L. Pharmacy Technician Certification Examination Review

Graduates will be able to:

1. ~~Understand-Describe~~ the certification examination requirements: (X1)
2. Differentiate between certification, licensure, and registration (D2)
- ~~2.3. Experience-Participate in the~~ certification examination preparation process: (X2)
- ~~3.4. Describe and understand~~ the process for obtaining national certification as a pharmacy technician (X3) (D3)
- ~~4.5. Understand-Identify~~ applicable state law requirements regarding employment and licensure: (X4)
- ~~5.6. Understand-Recognize the necessity-importance of~~ certification as a pharmacy technician, and its importance to professionalism: (D1)
- ~~6.7. List and describe the value and the benefits of membership in local, state, and national pharmacy organizations:~~ (D5) (D6)
- ~~7.8. Participate in continuing education Understand the importance of Continuing Education~~ for the field of pharmacy: (D7)

PHT.A.2. A clinical experience is required for completion of the program.

Clinical experiences allow the student to expand the knowledge and skills developed in the didactic and laboratory phases of their training. Clinical site experiences may vary and may include, but are not limited to practice in the following, but is not limited to: the following ~~practice~~ environments:

Acute Care
 Long Term Care
 Home Infusion
~~Ambulatory~~ Community Retail or Outpatient Pharmacy
 Mail Order
 Nuclear Pharmacy
~~PBM~~ Pharmacy Benefits Management (PBM)

The clinical experiences reinforce the competencies and skills learned in the didactic and laboratory settings. These experiences must include assisting clinical staff pharmacy team with daily tasks while under direct supervision of the staff. Students must be oriented to the facility and the daily routines of the site. Initial observations must occur prior to the engagement of the prescribed field work. Duties performed must advance over the course and length of the clinical experience. At a minimum, the clinical experience must be ~~comprised of 20% of the program length or~~ no less than 160 hours. Students may only engage in clinical experiences following the completion of the prescribed core curriculum and after the requirements of the clinical site have been met.

The clinical experience cannot be virtual, hybrid, or delivered in a simulated lab environment. Programs must identify applicable requirements, including background checks, necessary for clinical experiences.

The following is considered in choosing, placing and maintaining externship site affiliation experiences:

(a) Assignment

~~Externship sites~~Clinical experiences include placement at a facility that performs various types of activities that will expose the student to the necessary skills required of the profession. In all cases, the externship site used is properly licensed and regulated.

(b) Activities

~~A clinical experience~~An externship includes assisting pharmacy team with daily tasks, while under the supervision of staff. Students are oriented to the facility and the daily routine of the facility. They initially observe activities and procedures and then begin perform tasks and procedures. As their ~~externship~~clinical experience progresses, they move into more advanced tasks and procedures. Student case logs/check lists are maintained to ensure a variety of tasks performed.

(c) Supervision

There is direct supervision of all students in the field while participating in a clinical experience ~~externship~~. Programs clarify their role in how their students will be supervised, by whom and visited how often while at their ~~externship-clinical~~ site. There is clear and documented communication between the program and the ~~externship-clinical~~ site. If the program does not employ a supervisor onsite, a qualified preceptor employed by the ~~externship-clinical~~ site, as described in VIII.B.2.a.below for either supervisor or faculty qualifications is responsible for such supervision. The institution ensures that the responsible individual or preceptor understands the program expectations.

Students may not replace existing staff or be compensated while participating in ~~externships-clinical~~experiences and this fact is made known to the student. The student is clearly in addition to the staff/team and not a substitution.

(d) Requirements for Completion

Upon completion of the ~~externship-clinical~~ experience, students demonstrate entry-level proficiency in all areas of the curriculum. Students also fulfill requirements in accordance with distributions for general and specialty areas and level of complexity.

SECTION B – Program Supervision, Faculty and Consultation

Subsection 1 – Supervision

PHT.B.1. The program supervisor possesses supervisory experience and is credentialed in the field.

State boards of pharmacy may dictate qualifications for program supervision and the courses that they are allowed to teach.

The supervisor is either a licensed pharmacist or is a ~~currently~~-certified pharmacy technician by a nationally recognized and accredited credentialing agency and in good standing with the respective state board. A program supervisor must minimally possess an associate degree.

Subsection 2 – Faculty and consultation

PHT.B.2.a. Faculty formal education/training and experience support the goals of the program.

State boards of pharmacy may dictate the courses faculty may teach based upon their credentials.

PHT.B.2.b. Faculty numbers and ratio support the goals of the program.

Laboratory ~~faculty~~student-to-student ~~faculty~~ ratios does not exceed 12:1~~are consistent with other programs~~unless state boards of pharmacy provide stricter requirements~~or it can be demonstrated that student success outcomes require a smaller ratio.~~The student to faculty ratio does not exceed 8:1 when performing sterile compounding.

PHT.B.2.c. A program is served by an ~~individual consultant or~~ advisory board of program related specialists to assist administration and faculty in fulfilling stated educational objectives.

The program's advisory board consists of at least one current faculty member and at least one non-employee representative from each of the following communities of interest:

- i. currently licensed and practicing Pharmacist
- ii. program graduate
- iii. employer
- iv. public member (public member is to serve in the role of potential patient)

An individual may not serve in more than one capacity.

SECTION C – Laboratory Facilities and Resources

PHT.C.1.a. The institution's laboratory facilities include the following:

- a. Student stations suitable to number of students
- b. Lighting, electrical outlets, ventilation and storage space
- c. Physical environment is conducive to instruction and learning

PHT.C.1.b. Equipment and supplies are available within the institution's laboratory facility and are in sufficient number to achieve the program's goals and objectives.

Equipment minimally includes:

- Amber bottles (liquid)
- Amber bottles (pills and tablets)
- Ampules
- Cash register
- Cylindrical graduate

- Depth filter
- Disinfecting clean solution
- Electronic scale or torsion balance
- Eyewash station (OSHA requirement)
- Filter needle
- Filter paper
- Forceps (if school is using a torsion balance with metric weights)
- Glass funnel
- Glass mortar and pestle
- Glycine paper
- Large volume parenterals
- Laminar flow hood (simulated or actual)
- Membrane filter
- Metric weights (if Torsion Balance is used)
- Multiple dose vial
- Non-latex gloves (various sizes)
- Ointment jars
- Ointment slab
- Personal Protective Equipment
- Prescription processing software/management system
- Pill counting trays
- Porcelain mortar and pestle
- Reconstitution tube (optional)
- Rubber spatula
- Sharps container
- Single-dose vial
- Sink with running hot and cold water (OSHA requirement)
- Small volume parenteral
- Stainless steel spatula
- Sterile gauze
- Syringes

~~*PHT.C.1.c. The institution's laboratory facilities are available for students to develop required skills with faculty supervision*~~

Section D – Admissions

~~*PHT.D.1. An institution adheres to its admissions policies and enrolls only students who have passed the Single Scope Background Investigation (SSBI) criminal check.*~~

An admission process exists to screen and evaluate each applicant's eligibility status and enrolls only students who have passed the Single Scope Background Investigation (SSBI) criminal check. In addition, the program complies with the requirements of the State Board of Pharmacy in states that regulate pharmacy technicians and require national certification.

CHAPTER IX DISTANCE EDUCATION

EVALUATION STANDARDS APPLICABLE TO ALL EDUCATIONAL PROGRAMS OFFERING DISTANCE EDUCATION

The Accrediting Bureau of Health Education Schools is recognized to accredit programs delivered utilizing distance education methodologies. ABHES defines distance education as a formal educational process ~~using technologies (as listed in the glossary)~~ to deliver instruction to students who are separated from the instructor and to support regular and substantive interaction between ~~students and the instructor and students, and among students~~. Correspondence education, ~~which is typically self-paced with limited interaction between the students and instructor~~, is not within ABHES' scope of recognition and ~~is~~ therefore is not eligible for accreditation by ABHES.

Institutions or programs seeking or holding accreditation by ABHES that offer blended or full distance education must comply with remaining accreditation standards described throughout the Accreditation Manual, including Chapter IV for all institutions, Chapter V for all programs, Chapter VI for degree-granting programs, Chapters VII and VIII for specialized programs, and all appendices, as applicable. This chapter (1) contains additional requirements specifically applicable to distance education, or (2) emphasizes requirements that are made more challenging by the lack of proximity among students, faculty, and administration.

IX.E.2.c. Evaluation of student performance is provided during laboratory experiences.

An individual who meets the minimum qualifications of a program faculty member is responsible for ensuring and documenting students' competencies while on laboratory experiences.

APPENDIX A

ENROLLMENT OF ABILITY-TO-BENEFIT STUDENTS

ABHES requires that institutions accepting students, regardless of method of payment, who do not possess a high school diploma or its equivalent (General Equivalency Diploma), abide by the following requirements in admitting individuals to programs of 300 hours or more who may benefit from the training, hereby referred to as ability-to-benefit (ATB) students.

1. ATB students are not admitted into academic degree program(s).
2. An individual is beyond the age of compulsory school attendance in the state in which the institution is located and demonstrates the ability to benefit from the training offered.
3. An admission policy for all ATB students is based on the institution's stated objectives and is administered as written and published.
4. An institution consistently applies its criteria and maintains records for determining the student's ability to benefit from the training offered. These records include the following:
 - a. a signed recommendation by an appropriate individual(s) making the acceptance determination;
 - b. independent administration of a valid, recognized standardized test, prior to enrollment (if a timed test, the time limit must be observed and passing score measured against an adhered-to norm);
 - c. practicum examinations, if applicable;
 - d. complete records of adequate pre-admission and continuous advising; and
 - e. remediation, as necessary.
5. An institution maintains complete student records that document testing, screening, and counseling and that validate the basis of admission of each student.
6. An institution demonstrates and fully documents the entire system used for accepting students deemed to have the ability-to-benefit from the training offered.
7. An institution determines the student may develop marketable skills.
8. An institution makes a preliminary assessment of student advising and remediation requirements.
9. Annual evaluations are performed to verify the reliability and validity of an institution's admission requirements for ATB students, including the relationship between the test scores and student retention and employment outcomes. Results of these evaluations are used in setting admission entrance requirements, including minimum test scores.

~~Note: Students who do not have a high school diploma or a recognized equivalent or have not completed a secondary school education in a home school setting that is treated as a home school or private school under State law will no longer be eligible for Title IV federal student assistance if enrolled in a program of study on or after July 1, 2012. Students will qualify for Title IV under one of the ability-to-benefit alternatives if the student was enrolled in an eligible program prior to July 1, 2012.~~

APPENDIX E RECORDS MAINTENANCE

Institutions and program(s) maintain records in an easily accessible and orderly fashion. Minimally, the following records must be maintained. A variety of methods may be used for retention of these documents.

A. Students (current, withdrawn, graduate, LOA)

1. Enrollment agreement
2. Signed attestation of high school graduation or equivalent (e.g. diploma, transcript or GED)
3. Admission determination documentation (e.g., admission exam, counseling documentation for students admitted under an ability-to-benefit determination)
4. Financial records (e.g., required financial aid documentation, tuition payments, refund calculations and evidence of monies returned). Required for institutional members only.
5. Academic transcript (must be maintained indefinitely)
6. Attendance records (if applicable)
7. Progress reports or correspondence
8. Evaluations for externships and/or internal clinical experiences
9. Documentation of placement activity

Records must be maintained for a minimum of three (3) years after the end of the institution's most recent fiscal year during which the students were last enrolled.

B. Faculty

1. Signed job description appropriate to position and level of responsibility.
2. Resume or curriculum vitae
3. Evidence of all certificates, diplomas, and/or degrees (official or unofficial transcripts), ~~other education, and/or certifications~~
4. Evidence of current license, certification or other credential as required by local, state, and/or federal laws to work in the field
4. Annual performance evaluations by supervisor.
5. Evidence that classroom evaluation for new instructors is completed within 30 days of beginning instruction.
6. Documentation of continued professional development, as applicable to employment position (e.g., continuing education, membership in professional organizations, attendance at relative workshops or seminars).
7. Fully completed, signed and annually updated ABHES Faculty Data Sheets.

8. Completed Hepatitis B immunization or declination forms for at risk faculty.

APPENDIX G

VOCATIONAL ENGLISH AS A SECOND LANGUAGE

The following requirements are for institutions offering stand-alone Vocational English as a Second Language (VESL) programs. A stand-alone VESL program is considered outside of health education; thus, the institution must ensure continued adherence to the predominance requirement described in II.A.1.a.2. of the *Accreditation Manual*.

Stand-Alone VESL Programs

The requirements for reporting information on stand-alone VESL programs are the same as for all other programs (see III.B. of the *Accreditation Manual*).

The objective of a stand-alone VESL program offered at an ABHES-accredited institution is to enhance the English language proficiency of individuals who have pre-existing training or skills in a health care profession. Students are enrolled in the VESL program because they cannot use that training or skills due to their English speaking deficiency. No vocational training is provided in a stand-alone VESL program.

In order to receive approval from ABHES to provide stand-alone VESL programs, the institution shall:

Adhere to the stated mission of the program when developing the curricula.

Administer, at entrance and exit, a nationally recognized exam of English comprehension

Provide documentation that all admitted students are enrolled in accordance with ABHES requirements (IV.E.3. of the *Accreditation Manual*).

Verify through documentation or other assessment at entrance that the enrolling student already has the pre-existing vocational training to become employable in the field.

Describe the placement services, if different from those in place for graduates of other programs.

Employ faculty who have instructional experience in ESL or VESL.

Compliance with this appendix does not ensure that a program will be determined by the U.S. Department of Education to be eligible for Title IV participation. Should the institution desire Title IV funding for a VESL program, it should discuss program eligibility with the appropriate Department of Education representative.

APPENDIX **HG** FEES

APPLICATIONS

(Note: site visit expenses, as applicable, are not included)

Accreditation (Initial and Renewal)

Initial Institutional or Programmatic Accreditation

Initial (first location and all programs for institutional applicants; per program for programmatic applicants)	\$4,000
Initial (each non-main and satellite campus, includes all programs for institutional applicants)	\$4,000

Renewal Institutional or Programmatic Accreditation

Renewal (each main and non-main campus) <i>(includes change in status from programmatic to institutional)</i>	\$2,500
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Other

Approval to Conduct Other Business on School Premises	\$150
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Approval of Shared or Common Distance Education Courses	\$750
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Change in Academic Measurement (clock-to-credit hour or credit-to-clock hour)	\$750
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Change in Location	\$500
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Change in Name	\$300
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Change in Ownership

Main campus	\$3,000
Each non-main campus	\$2,000
Programmatically accredited, per campus	\$1,000

Change of Status (institutional to programmatic)	\$300
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Distance Education	\$1200
(Each additional location, identical program, submitted at the same time)	\$500

Distance Education Addendum	\$250
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Expansion of Distance Education	\$500
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Excluded Continuing Education Courses/Program	\$500
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Minor Program Revision (under 25%)	\$500
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New Program Approval (including substantive change (50% +))	\$1,200
(Each additional location, identical program, submitted at same time)	\$500

Non-main Campus Inclusion	\$3,000
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Non-main Campus to Main Campus Reclassification	\$3,000
Satellite Campus Inclusion	\$3,000
Separate Classroom Space Inclusion	\$1,000
Substantive Program Revision (change of 25% - 49%)	\$1000
(Each additional location, identical program, submitted at same time)	\$400

VISITS

Commission-Directed Focus Visit Fee (plus on-site evaluation expenses)	\$3,000
On-Site Evaluation Visit Expenses	
Per team member for the first day	\$1,500
Per team member for each additional day	\$500
Visit Cancellation Fee (effective date of visit confirmation letter) (plus incurred costs of team member expenses)	\$500

PROGRAM-SPECIFIC WARNING

Program-Specific Warning Fee	\$3,000
Expense Fee	\$3,000

SHOW-CAUSE

Show-Cause Appearance Fee	\$3,000
Expense deposit Fee (commissioners)	\$3,000
Show-Cause Teleconference Meeting	\$2,000

APPEAL

Appeal Fee (denial, withdrawal)	\$5,000
Expense deposit	\$10,000

WORKSHOPS

Accreditation Workshop Fees	
Registration Fee	\$650 early bird; \$700 within 30 days
or on site	
School-Sponsored (per 10 attendees; \$400 per additional attendee)	\$6,000

LATE SUBMISSIONS

Annual Report Delinquency Fee	\$2,500
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(if received after published due date)

Financial Statements Late Fee

\$1,500

General Late Submission Fee

(if received after Commission directed deadline)

\$700

GLOSSARY OF DEFINITIONS

The following definitions are provided for informational purposes only to assist institutions and programs in understanding and interpreting the Accreditation Manual and are not to be considered separate standards. The definitions include some of the most commonly used terms and are defined to reflect their most common usage. These definitions are drawn from no single resource and are offered by way of example rather than limitation.

Academic – An individual whose current responsibilities focus primarily on the curricular aspects of an educational institution or program. Depending on the nature of the institution, this definition may encompass designations such as dean, department head, instructor, lecturer, mentor, professor, teacher, and trainer, etc. (Note: for Commission and Visitation Team composition, ABHES interprets the broad term “educator” as encompassing both academics and administrators.)

Administrator – An individual whose current responsibilities focus primarily on the managerial aspects of an educational institution or program. Depending on the nature of the institution, this definition may encompass designations such as president, provost, chancellor, treasurer, registrar, and financial aid officers, etc. (Note: for Commission and Visitation Team composition, ABHES interprets the broad term “educator” as encompassing both academics and administrators.)

Advisory Board - A group composed of skilled and knowledgeable individuals from business, industry, and the community organized to advise on current jobs, societal needs, and relevance of the program offerings in meeting the needs of students, society, and the employing community. Recommendations made by the committee are used to design, develop, operate, assess, and support the educational program.

Ambulatory - Any medical care delivered on an outpatient basis.

Annual Report- Submitted by every member institution and program in October. The ABHES Annual Report covers the period of July 1st through June 30th of the given reporting year. The report contains questions pertaining to items such as

program offerings, retention, placement, credentialing and enrollment.

Applied General Education - Applied general education is defined as courses that involve the application of principles and concepts in communications, humanities and fine arts, mathematics, natural and physical sciences, social and behavioral sciences, and technology to the practical affairs of a specific occupation or occupational cluster. Examples of courses that are not considered applied general education include: Study Skills, CPR/First Aid, Professionalism, Career Development and Master Student. Applied general education courses enhance the ability of an individual to apply academic and occupational skills in the workplace.

Asynchronous Instruction- Instruction that eliminates boundaries of time and place. Students and instructors do not have to participate simultaneously.

Blended Delivery- See Distance Education (Blended)

Certificate- A document issued to evidence completion of/or graduation from an academic program, generally less than two years in length where a degree is not earned.

Clinical Experiences - A supervised practical experience where students demonstrate the knowledge and skills they have acquired.

i.)**External Clinical Experiences** – A field-based, externship or clinical experience accomplished through assignments in a health care setting such as a hospital, long-term care facility, clinic, community health agency, or other approved health care provider. A written agreement between the

institution and the externship or clinical site includes specific learning objectives and evaluation criteria.

ii.) **Internal Clinical Experiences** – A campus-delivered clinical experience incorporating actual or simulated patient care.

Clock (or Contact) Hour - A minimum of 50 minutes of supervised or directed instruction including allowable break(s).

Competencies- Specialized knowledge, skills, and attitudes required for successful performance in a specific occupation.

Contractual Arrangements- Contracts between the institution and any agency, corporation, institution, or individual which involve instruction, recruiting, or consulting services.

Correspondence Education- Education provided through one or more courses by an institution under which the institution provides instructional materials, by mail or electronic transmission, including examinations on the materials, to students who are separated from the instructor. Interaction between the instructor and the student is limited, is not regular and substantive, and is primarily initiated by the student. Courses are typically self-paced. Correspondence education is not distance education. ABHES does not currently accredit correspondence courses.

Course- Specific subject matter comprising all or part of a program for which instruction is offered within a specified time period.

Criterion- A characteristic of an institution that must be possessed or demonstrated as evidence of compliance with an accreditation standard.

Curriculum- A program of courses fulfilling the requirements for a certificate, diploma, or degree in a particular field of study.

Default Management- A plan of action followed by an institution to decrease student defaults pertaining to Title IV student financial aid programs.

Deferral- An extension of time granted to an institution for consideration of its application for initial or renewed grant of accreditation, usually because of the Commission's need for additional information.

Degree- Credential awarded for the successful completion of an academic program, normally at least two academic years in length.

Diploma- A document issued to evidence completion of/or graduation from an academic program, generally less than two years in length and not providing a degree.

Directed Study - Directed study is limited to didactic courses within a currently approved program and involves a high level of self-directed learning. Directed study must be under the supervision of a faculty member and a learning contract, signed by the faculty member and the student, must be developed to ensure the course objectives are met. Directed study is the exception and not the rule. The number of courses that a student is allowed to take independently is limited.

Discontinued Program- Any program that has not been in operation for a continuous twelve-month period.

Distance Education (Distance Learning)- A formal educational process that uses one or more of the following technologies listed below (1-4) to deliver instruction to students who are separated from the instructor and to support regular and substantive interaction between students and the instructor, either synchronously or asynchronously.

- (1) the internet;
- (2) one-way and two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communications devices;
- (3) audioconferencing; or
- (4) video cassettes, DVDs, and CD-Roms used in a course in conjunction with any of the technologies listed in 1 through 3.

Distance Education - (Blended)- Incorporation of both traditional on-campus and distance learning within a course (sometimes called hybrid course) or program of study (sometimes called hybrid program).

Distance Education - (Full)- All coursework within a program is delivered via distance education. Even if a program has an on-ground laboratory, clinical or externship experience for its students at remote locations, the program is defined by ABHES as a

complete distance education program. If any portion of the program is delivered on the institution's campus, the program would be defined as "blended." (Students, please note that a distance education program may require an on-ground component at an off-campus facility, such as an externship at a hospital.)

Distance Education Delivery System – See Learning Management System (LMS)

Eligibility Requirements- Basic requirements that institutions/programs must meet before consideration is given by the Commission to an application for accreditation (See Chapter II).

Enrollment Agreement- A contract between institution and student that sets forth the program in which a student is enrolled, fees, expenses, and payment plan for the program, and requirements of attendance at the institution (See Appendix D for requirements).

Externship- see Clinical Experiences.

Faculty- Individuals who provide instruction.

Faculty Records- Required documentation for faculty members' files (See Appendix E, Section B for requirements).

Financial Aid- Monetary assistance that is available to assist students in meeting educational program costs (e.g. Workforce Initiative Assistance, Title IV funds).

Foreign Education Equivalency – Evaluation of a transcript from an institution located of the United States and its territories using an agency which attests to the qualitative and quantitative equivalency of the foreign education and the specific course or courses. The institution must use the credential evaluation services of an agency that has published standards for membership, affiliations to international higher education associations, and are frequently linked to and used by federal agencies, educational institutions and employers (e.g., NACES and AICE). (Note: language from www.ed.gov/international/unsei/edlite-index.html)

Full-time Student - A student enrolled for 12 or more semester credits, 12 or more quarter credits or 24 or more contact hours a week each term.

General Education- Those areas of learning which are deemed to be the common experience of all "educated" persons, including subject matter from the humanities, mathematics, sciences, and the social sciences. Examples of General Education include:

Humanities- Literature, philosophy, logic, foreign language, art, music appreciation, communications, including composition and speech.

Mathematics & the Sciences- Biology, chemistry, physics, geology, astronomy, algebra, trigonometry, geometry, calculus and other advanced mathematics courses.

Social Sciences- History, economics, political science, geography, sociology, anthropology, and general psychology.

General education courses directly applicable to the specific occupation are considered applied general education courses (e.g., medication math, psychology for health professionals, and business math). These applied courses satisfy the general education requirement for AOS degree programs.

Generally Accepted Accounting Principles (GAAP)- Standard guidelines for preparing financial statements, which include as a minimum: Accountants' Report, balance sheet, income statement, statement of cash flows, and all appropriate footnotes to financial statements and relevant disclosures.

Grant- The accreditation provided to an institution or program.

Grievance Procedure- A documented procedure for addressing any complaints by students, faculty, staff or the general public.

Hybrid Course or Program -- See Distance Education (Blended)

Information Technology- Method or modes of delivering training, education, or research information via current or new telecommunications technologies, such as television broadcasts, closed circuit television systems, cable television, satellite transmissions, computers and computer-based access to external learning resources, videotape, and interactive video disc, audio by disc, tapes or broadcasts, and other such information and

telecommunications systems that alone or in combination assist in teaching and learning.

Institutional Accreditation- A grant of accreditation includes all programs that are offered by the institution. Programs are career-focused and designed to lead to employment and meet the accrediting body's standards.

Institutional Effectiveness Plan- A written plan that outlines a systematic process for evaluation of institutional outcomes.

Institutional Mission- The educational purpose to which the institution is committed, in terms of which it provides its programs and services.

Internal Clinical Experiences - see Clinical Experiences.

Internship- see Clinical Experiences.

Laboratory- The facility/classrooms in which students practice skills/procedures presented in theory.

Laboratory for Distance Education Programs- Depending upon the content, a hands-on laboratory class may be taught in a simulated laboratory on the campus; online or using technologies outlined under the distance education definition in the Glossary; or, via a remote or off-campus facility where the student is instructed by a designated preceptor. This differs from an externship or clinical training in that the student is actively instructed and is learning the procedures, not just supervised while working or performing tasks.

Last day of attendance- Projects, clinical experience, lecture, or examination completed by a student.

Learning Management System (LMS) - A platform or software application for the administration and management of online distance education courses, activities and resources. Also used in a general sense to refer to any system used to deliver distance education (Distance Education Delivery System).

Lecture- The theory or didactic portion of courses taught as part of a program.

Lower Level Course- Freshman and Sophomore level courses (100 or 200 level) found in degree programs.

Main Campus- The main campus of an institution holds the accreditation for all of the locations where education is offered.

Market Survey – A study done of local business and industry to assess program need to include such things as employment opportunities, externship site availability, employee skill set requirements, equipment and credentialing preferences for graduates.

Objective- Explication in more specific terms of ideas and activities inherent in the statement of mission and the goals to which an institution aspires.

Orientation- A scheduled time during which students are provided direction on dealing with the many facets of school experiences, including time management, note-taking, study techniques, and use of applicable technology as appropriate.

OSHA- Occupational Safety and Health Administration, which provides safety regulations for operation of laboratories and clinical settings.

Outcomes- The information by which an institution measures its effectiveness.

Part-time student - A student enrolled for either 11 or fewer semester credits, 11 or fewer quarter credits, or fewer 24 contact hours a week each term.

Placement- (1) An active service provided for students in their search for employment and (2) A graduate of a program who is employed in the field or related field of training.

Postsecondary- Education provided at a post-high school level.

Practicum- see Clinical Experiences.

Preceptor- An individual with professional expertise responsible for oversight of students on clinical sites. Preceptors hold current license, certification or other credential as required by local, state and/or federal laws to work in the field.

Practitioner – An individual who is currently or recently directly engaged in a significant manner as

a health-care related specialist Depending on the nature of the practice, this definition may encompass designations such as medical assistant, medical laboratory technician, and surgical technologist.

Professional Development - The process of developing and improving instructor or staff competencies regarding rigorous and relevant content, strategies, and organizational supports that ensure the preparation and career-long development of instructors and others whose competence, expectations, and actions influence the teaching and learning environment (e.g., attendance at professional seminars, professional organizations, and/or continuing education courses related to courses assigned to teach).

Program- A combination of courses and related activities (e.g. laboratory, externship, competency achievement) that lead to the awarding of a credential.

Programmatic(Specialized) Accreditation- A grant of accreditation for a specific program (e.g., Medical Assistant, Medical Laboratory Technician, Surgical Technology).

Public Member – An individual who is not (1) An employee, member of the governing board, owner, or shareholder of, or consultant to, an institution or program that is accredited by ABHES or has applied for accreditation, (2) a member of any trade association or membership organization related to, affiliated with, or associated with ABHES, or (3) a spouse, parent, child, or sibling of an individual identified in paragraphs (1) or (2) of this definition.

Refund- An amount of monies paid to the institution determined to be returned to appropriate agencies and/or students using institutionally or state defined policies.

Residential delivery – All coursework within a program is delivered at an approved campus location

Retention- (1) A system put in place by an institution which facilitates that students who enter a program, complete it. (2) Housing student records in a safe place that is accessible.

Satisfactory Academic Progress- The progress of students in their educational program toward successful completion of a program of academic study (See Appendix B for requirements).

Scholarship- A financial grant which does not involve repayment by a student. Financial need may or may not be a consideration as criteria when applying for a scholarship award.

Simulation - A technique for practice and learning that imitates and replaces real experiences with guided ones that replicate aspects of the real world in a fully interactive fashion.

Staff- The supervisory and non-instructional personnel employed by an institution.

Standards- (1) General conditions determined to be essential for objectives to be realized. (2) Characteristics or outcomes which state a level of expectation against which institutions or programs can be assessed.

Student Records- An accumulation of school related documentation that is maintained throughout a student's enrollment (See Appendix E, Section A for requirements).

Substantive Change- An alteration in a program's mission, status within the larger academic setting, coordination, curriculum or other areas, that is significant enough to alter compliance with standards or affect the ability of a program to maintain compliance (See Chapter III, Section B).

Sustaining Fee- Money required to be paid to an accrediting agency on an annual basis, generally based on the gross tuition collected by the institution.

Syllabus- A description of how a course will be taught with a planned sequence of content, materials and activities. A course syllabus must reflect the most recent trends, developments, and instructional materials for the specific subject areas. (See Appendix F for requirements).

Synchronous Instruction- Real-time instruction that allows for immediate response and interaction. Simultaneous participation of students and instructor, without constraints of location. ABHES does not require distance education students and instructors to interact in real-time.

Teach-out Agreement- A legal contract between an ABHES-accredited institution or program and another institution that will provide the remainder of students' instruction in the event of a voluntary

closing or withdrawal of accreditation (see III.A.7.i-ii and the Teach-out Approval Form posted at www.abhes.org/forms for required components). Teach-out agreements submitted to ABHES for approval are unsigned draft agreements. Once the agreement has been approved, an executed draft must be submitted.

Teach-out Plan- A proposed plan to matriculate students in the event the institution or program ceases operation or accreditation is withdrawn (see II.A.7.i and the Teach-out Approval Form posted at www.abhes.org/forms for required components). A school or program may propose a self teach-out plan.

Telecommunication- The use of television, audio, or computer transmission (e.g., open broadcast, closed circuit, cable, microwave, satellite audio conferencing, computer conferencing, video cassettes or discs) to teach.

Term- A block of time during which a course or series of courses takes place (i.e. academic term, semester or quarter).

Terminal Degree- The highest credential generally available in a discipline (e.g. advanced degrees such as an earned doctorate or a master's degree in some disciplines; a baccalaureate degree in some fields; a 2-year degree in occupational areas).

Third-Party Contract- A contract between two parties in which the institution/program relinquishes, or shares, part of the management, delivery of education, administration, or any other major institutional function.

Transcript- The permanent academic (educational) record of a student's achievement.

Upper Level Course- Junior and Senior level courses (300 or 400 level) found in [bachelor's degree programs, and graduate level courses \(500-600 level\) found in master's degree programs.](#)

Virtual Library- A full text library available to students and staff via computer.

Withdrawal- (1) The termination of a student's attendance in class or in all classes before the end of a term. (2) An action by the Commission terminating an institution's accreditation when warranted for

non-compliance with requirements (See Chapter III, Section C, Subsection 4).